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T916

A DICTIONARY
OF
PSYCHOLOGICAL MEDICINE

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OF

PSYCHOLOGICAL MEDICINE

BY
JOHN E. W. LITTLE,

M.D., LL.D., F.R.S., F.R.C.P., F.R.S.E.

WITH THE

SYMPTOMS, TREATMENT, AND PATHOLOGY OF

AND THE

LAW OF LUNACY IN GREAT BRITAIN AND IRELAND

EDITED BY

D. HACK TUCKE, M.D.

LECTURER ON PSYCHICAL MEDICINE AT THE
HOSPITAL FOR INSANE, AND AT THE
HOSPITAL FOR THE DEPENDENT, LONDON.

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PSYCHOLOGICAL MEDICINE

OF THE

SYMPTOMS, TREATMENT AND PREVENTION

OF

INSANITY

IN GREAT BRITAIN

D. HACK TUCKER M.D.

EXAMINED IN THE HONOURABLE SOCIETY OF PHYSICIANS
IN THE UNIVERSITY OF LONDON



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A DICTIONARY
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PSYCHOLOGICAL MEDICINE

*GIVING THE DEFINITION, ETYMOLOGY AND SYNONYMS
OF THE TERMS USED IN MEDICAL PSYCHOLOGY*

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I

ICTUS EPILEPTICUS (*ictus*, a blow, from *ico*, I strike; *ἐπιληψία*, from *ἐπιλαμβάνω*, I seize upon). An old term for an epileptic fit which comes on suddenly without a premonitory aura. (Fr. *ictus epileptique*.)

IDEA (Lat. *idea*, from Gr. *ἰδέα*, form, look, or semblance of a thing). A distinct mental representation of an object of sense. A concept (*q.v.*).

IDEA, CHASE (Ger. *Ideenjagd*). A term used by German writers to denote the mental condition which often occurs in acute mania, when ideas chase each other through the brain with great rapidity, being excited by any desultory fancy and making but a feeble mental impression.

IDEA, FIXED (Fr. *idée fixe*). A form of monomania in which a dominant idea colours all thoughts and actions.

IDEA, VOLITIONAL.—A thought which arises in the mind owing to the voluntary direction of the mind thereto.

IDEALES.—One of Linnæus's three subdivisions of mental diseases—affections of the intellectual faculties.

IDEALITY.—The capacity to form ideals of beauty and perfection.

IDEAS, ASSOCIATION OF.—The recalling of one mental representation by the agency of another, either by reason of their habitually existing together, or by reason of a certain degree of similarity between them.

IDEAS, AUTOMATIC (*αὐτόματος*, spontaneous). Ideas that arise in the mind without any external stimulus.

IDEAS, INNATE.—Ideas which, according to one school of metaphysicians, originated without experience in the world. All that can now be admitted is that heredity supplies a strong tendency to certain ideas or trains of thought. (Fr. *idées innées*.)

IDEATION.—The formation of an idea or mental concept. The cerebral act by which an idea is produced. (Fr. *idéation*.) (See PHILOSOPHY OF MIND, p. 34.)

IDEATIONAL INSANITY. (See INSANITY, IDEATIONAL.)

IDENTITY, MISTAKEN.—The loss of the power to distinguish between one-self and another person.

IDENTITY, PERSONAL (*idem*, the same). The knowledge that one is the same person that he claims or is claimed to be.

IDEO-MOTOR MOVEMENTS (*ἰδέα*, aspect, also mode or manner; *moveo*, I move). Unconscious actions executed by reason of impulses emanating from the mind when fully occupied by some dominant idea (Carpenter).

IDEOPEGMA (*πῆγμα*, anything fastened together). A term used in the same sense as *Idea*, fixed (*q.v.*).

IDEOPHRENIA (*φρήν*, the mind). A term for delirium, characterised by anomalies of the ideas (Guislain).

IDEOPHRENIC INSANITY. (See IDIOPHRENIC.)

IDEOPLASTIC (*πλάσσω*, I mould). A term used for the stage of hypnotism in which the idea impressed upon the brain of the agent (suggestion) is converted into action.

IDEOSYNCHYSIA (*σύγχυσις*, confusion). A confusion of ideas. A term used for delirium. (Fr. *ideosynchysie*.)

IDIOCTONIA (*ἴδιος*, one's own; *κτόνος*, murder). Suicide, or self-murder. (Fr. *idioctonic*; Ger. *Selbstmord*.)

IDIOCTONOS (*ἴδιος*, *κτόνος*). A self-murderer or suicide.

IDIOCY, Accidental (*ιδιώτης*, a private individual; also one who is illiterate or uneducated). Those cases of idiocy brought about by accidental circumstances, including the traumatic, inflammatory and epileptiform.—**I., Caucasian**. (See IDIOCY, FORMS OF.)—**I., choreic** (*χορεία*, a dancing). Either those cases of idiocy in which the chorea acts as a cause through the parent to the offspring, or those cases in which chorea occurs during childhood, and induces idiocy during development.—**I., congenital**, *congenitus*, born with). Idiocy commencing during foetal life.—**I., cretinoid** (Cretin, *q.v.*; *εἶδος*, like). Idiocy developed in a cretinoid frame. The form in which the subjects are dwarfed, with stunted bodies, irregularly formed crania, and usually enlarged thyroids. (See CRETINISM.)—**I., developmental**. Idiocy due to a defect of cerebral development.—**I., eclamptic** (*ἐκλαμψις*, a shining forth). A name given to those cases of idiocy which follow and are due to infantile fits, some cerebral change having been induced which renders the brain incapable of higher development (Ireland).—**I., epileptic**. Idiocy dependent for its causation on the recurrence of epileptic fits.—**I., Ethiopian** (Ethiopia). (See IDIOCY, FORMS OF.)—**I., genetous**

Ethnic varieties of idiocy occur other than the *Mongolian* before described.

Negroid forms have been seen by the writer where the whole circumstances of the case precluded the possibility of Ethiopian impregnation. Moreover, the patients have not had a swarthy complexion, have had fair skins but with cranial and facial conformation of the negro. They have had woolly hair, prominent malar bones, puffy lips, and retreating chins, while their protruding eyes were still more exposed by the action of the occipital-frontalis muscle, leaving the forehead corrugated in transverse folds. They manifest great curiosity and acquisitiveness, and frequently are found hoarding pieces of valueless things for the mere sake of acquiring. The miscellaneous contents of their pockets are often very amusing.

Not less frequently specimens resembling the **Malay** family have been noted. They have had prominent upper jaws, large mouths, and long curly hair, their heads narrow, foreheads somewhat protuberant, and with widened noses. The writer has seen several examples where the Malay resemblance has been most marked, they have been free, however, from the ferocious traits which characterise the true Malay. The dolicho-cephalic cranium of the **American Indian** has not unfrequently its representatives among idiots. They are characterised by prominent cheeks, eyes deeply set, and simian-like nose. They have usually been met with in cases so low in type that moral and intellectual characteristics can scarcely be said to exist.

The boy, whose active and ever-restless movement and incessant talk betoken a comparatively bright intelligence, is a very good type of **microcephalic** idiocy. His cranium is small in all dimensions, the circumference not more than 15 inches. His eyes are bright and intelligent looking. The inner canthi are much approximated, and his nose is sharp and aquiline. He has a curious movement of his head from below upwards, with a somewhat sudden jerk. He runs with a stooping gait, and when he stops bears the weight of his body by resting his hands on his thighs a little above the knees. When running or walking he fails to bring his heels to the ground. He speaks in a chattering manner, repeating many of his short sentences over and over again. He reads easy words and can count, is fond of praise, and imitates the attitudes, movements, and sayings of those about him. About all he does and says there is a chirpy liveliness, and an apparent sage-

ness in marked contrast to what would be expected from the contents of a cranium so diminutive. Although eighteen years of age he manifests no sign of puberty. He catches tunes very readily, and imitates with his mouth various musical instruments. His teeth are extremely small and regular, and there is no marked overcrowding, although his jaws are small.

In strong contrast to the microcephalic boy is the youth whose head has a circumference of 25 inches, with all the dimensions of his cranium in like proportion, but well formed. There is an absence of preternatural bosses, and the sutures give no indication that the size of the cranium is due to fluid. He walks circumspectly, and when in the act of prehension does it in a slow and deliberate manner, even the temptation of taking food to his mouth (and he is particularly fond of eating) does not induce him to feed himself in other than the most deliberate way. He talks, but it is in the same slow manner, and only in response to questions. His sentences are short, and their utterance tardy. Even when excited by the promise of reward he speaks with only slightly increased utterance. His progression is by slow walking, and no inducement makes him run. He is rather below the ordinary stature, has no deformity except that his fingers are shorter than normal. His face is largely developed, and his nose correspondingly so. When questioned he frequently makes feeble movements of his lips without utterance of sound, and only gives audible response when stimulated to do so. He is seventeen years of age, and the signs of puberty are not wanting. Though slightly dolicho-cephalic, the boy presents very typical features of *macrocephalic* idiocy, the outcome of hypertrophy of the white substance of the cerebrum. The last two cases illustrate in a very forcible way the truth that quality is as important a factor as quantity in cerebral organisation.

Very different is the child of ten years, whom we will now describe. His head is of greater size, reaching 30 inches in its circumference; it has a globular form, the fontanelle is raised, but there is no marked vaulting of the palate, the forehead is prominent, and the frontal and parietal bones are very large and thin. The face is small and pale, and in its size forms a marked contrast to the expanded cranium whose widened sutures are characteristic of *hydrocephalic* idiocy. He says a number of words, but does not construct sentences. He sings or rather hums simple airs which he has from time to time heard. His

everlastingly in clever mischief. Unlike many others already discussed, they do not live in a world of their own, but interfere adroitly with all that goes on around them; they are observant, impetuous, cruel and destructive. They have no necessarily characteristic criminal conformation. They acquire languages readily, but in their case this is not an unmixed good, as they weary those around them with questions and inconveniently appropriate to their use the language of the gutter. They are so restless and mischievous that they need constant watchfulness, and have such a *mercurial* character that it does not seem an inappropriate name for this type.

Idiots, like sane people, are liable to mental perturbation, and are occasionally the subjects of acute mania or melancholia. Hallucinations of sense and delusions are occasionally met with.

In like manner, among idiots, are found special instances of extraordinary memory, of great calculating power, of histrionic ability, of musical art, or of great manipulative skill. They have been called *idiots savants*. They are to be found in most institutions devoted to idiots, and are usually members of the *congenital* kind. They are interesting as aberrant mental forms occurring in youths who are by no means intellectually strong in other particulars. They are to be regarded as exceptions from, not examples of, the classes which the writer has endeavoured faithfully to delineate from nature.

J. LANGDON DOWN.

IDIOCY, Pathology of.—It is desirable to remember with reference to this subject, that though much of it may be similar to that found in general medicine, yet there are differences and exceptions, which it will be the object of the writer to point out. The facts stated in this article are chiefly taken from the notes of autopsies made by him, aided in a few cases by published facts on the subject. It should also be borne in mind that the pathology is chiefly that of patients between five and twenty years of age.

Anæmia and Hyperæmia of the Brain.—Pure anæmia of the brain has rarely been found to exist, and uncomplicated hyperæmia is exceedingly uncommon. The hypostatic congestion occurring during the last few hours before death, and the hyperæmia which occurs after death are, of course, excluded. In the few cases in which uncomplicated pathological congestion was present, the vessels of the diploë in the calvarium were found congested, the veins of the dura mater and pia mater were loaded with blood, as were

also the sinuses and choroid plexuses. The grey substance of the brain was of a dark-red colour, and there was an increase in the number and size of the drops of blood which are seen on making sections of the brain. In some cases, there was tortuosity of the vessels running transversely outward from the longitudinal sinus, a moist condition of the brain substance, and an increase in the amount of the sub-arachnoid fluid. In one case there was congestion of the right hemisphere of the brain, corresponding to a capillary *nævus* which occurred on the right side of the face during life. At the autopsy there was excess of sub-arachnoid fluid on this side, and the vessels were loaded with blood. The pia mater was exceedingly injected, especially over the frontal and parietal regions, less so over the superior temporo-sphenoidal convolution and occipital lobe. The excessive injection of the pia mater gave a pinkish hue to the whole of the right hemisphere.

Hypertrophy of the brain is a comparatively rare disease, but it is necessary that it should be considered, as, in the chronic stage, it is usually mistaken for chronic hydrocephalus. The cause of the affection, which may be general, or partial, is obscure. In general hypertrophy the process is not one of mere increased growth, but the nutrition of the organ is modified in character, as well as increased in activity. According to Virchow, the increased size of the brain is due to hyperplasia of the neuroglia. Rokitansky, on the other hand, thinks the augmented bulk is not produced by new fibrils, or by the enlargement of those already existing, but by an increase in the intermediate granular matter, most probably due to an albuminoid infiltration of the structure. Our own observations lead us to the opinion that the disease, as seen in imbeciles, is due to what appears to be granular matter, but whether this is due to an increase in the intermediate granular matter, or to an increased amount of connective tissue, which has broken down as the result of post-mortem change, we are at present unable to determine. Andral states that in two autopsies made by himself, the white matter resembled the white of egg hardened by boiling. In one post-mortem only have we noticed any peculiarity in the white matter, and in that case we find we have recorded that it is of "a peculiar whiteness." As a rule, the brain is found anæmic on section, but in some of our autopsies there was congestion of the membranes, a pinkish colour of the brain, an increased quantity of sub-arachnoid fluid, and some fluid in the lateral ventricles.

extended about half an inch into the substance of the brain. There was disease of the knee-joint in this case. Gliomata are said to vary in size from a cherry-stone to a closed fist. The largest one which the writer has seen was of the size of a small apple, and was situated in the right frontal region, half an inch posterior to the anterior border of the right lobe, the internal margin being bounded by the superior longitudinal fissure. Its lower surface was partly in front of and partly formed the roof of the right lateral ventricle. The convolutions directly over it were flattened out over a space about one inch and a half in length by one inch and a half in breadth. In one case a psammomum was found, growing from or attached to one of the choroid plexuses in the lateral ventricles. In another case a bony growth existed, which grew from the inner surface of the dura mater, in the position of the longitudinal sinus. The growth was a quarter of an inch in length, and was as large as a crow-quill.

Asymmetry of Hemispheres and Convolutions.—Excluding the asymmetry of the hemispheres and convolutions due to wasting disease, there is sometimes found inequality in size. In an autopsy made by the writer, the left hemisphere was larger than the right, the former being $6\frac{1}{2}$ inches long, and $4\frac{1}{2}$ inches broad, while the latter was only $5\frac{3}{4}$ inches in length, and $3\frac{7}{8}$ inches in breadth. The difference in size appeared to be due to the convolutions, which were normal in size and arrangement on the left side, but on the right, while the frontal portion was normal, the convolutions of the parietal and especially of the occipital regions were very small. The convolutions of the ascending parietal region, according to the author's experience, are frequently asymmetrical; in one case there was a nest of very small convolutions which replaced it on the left side. General asymmetry of the convolutions on both sides is frequently found.

Alteration in Relation of Grey to White Matter of Brain.—When treating of sclerosis it was mentioned that there was reduction of both the grey and white substance, but an altered relation of the one to the other sometimes exists when sclerosis is not present. In all our cases of hypertrophy of the brain, the white matter was in excess, and in addition we have noticed that of six cases the white matter was in excess in five, and was reduced to a mere line in one case. This extreme reduction of the white matter was also found in four cases of sclerosis.

Simplicity of convolutions, both in size and arrangement, is often seen. It is not at all uncommon to find convolutions half an inch and sometimes nearly an inch in width. It is obvious that in such cases their arrangement must be very simple. On the other hand, convolutions smaller than normal are sometimes present. This was notably seen in a case of microcephalic idiocy. As a rule, when the convolutions are simple, all of them are more or less affected, but sometimes particular convolutions only are involved. On referring to our notes of autopsies, we find that the frontal convolutions were found to be simple in seven, the parietal in eight, the ascending frontal in four, the ascending parietal in seven, and the temporo-sphenoidal in five cases. In ten of these thirty-one autopsies there were combinations of convolutions affected. The angular gyrus is recorded as being simple once, and the island of Reil three times. The convolutions of the under surface of the brain were sometimes simple when those of the convex surface were normal in size. Generally the convolutions of certain regions of both sides were equally affected, but in four autopsies only those of one hemisphere were involved.

Thickening of the arteries is not often found, since, as we explained in the introduction to this article, the pathology does not refer to cases above twenty years of age. In one case, however, a boy aged sixteen years, there was seen to be thickening of the two vertebral and internal carotid arteries, and the right middle cerebral artery. The vertebral and internal carotid arteries were not only thickened, but when cut through remained patent.

Thrombosis may of course be arterial or venous, but as far as our experience goes, venous thrombosis is the more common. In seven autopsies where the condition was present, venous thrombosis was found five times, and arterial thrombosis only twice. The case mentioned under the heading of thickening of arteries was one of these, and the other was a boy aged thirteen years, in which the thrombus occurred in one of the branches of the right middle cerebral. It is curious that, in both these cases, the right middle cerebral artery contained the thrombus. In both there was excess of sub-arachnoid and ventricular fluid.

The superior longitudinal sinus was affected in all the five cases of venous thrombosis; the cavernous sinus also contained a thrombus in one case and the lateral sinus in another. In two cases

sclerosis of the columns of Goll and descending sclerosis of the pyramidal tracts of the lateral columns; sometimes the transverse myelitis is accompanied by central myelitis, which may extend forwards so as to destroy the ganglion cells of the anterior horns. In three autopsies we found the spinal cord softened, and in two, sclerosis of the columns of Goll and of the pyramidal tracts. Descending sclerosis of one pyramidal tract in the lateral column, on the side opposite to a cerebral lesion, is not infrequently seen.

As far as the membranes are concerned, we have found external spinal pachymeningitis, in connection with disease of the vertebral column, internal hypertrophic pachymeningitis, or thickening of the dura mater, and tubercular spinal leptomeningitis occurring together with cerebral tubercular meningitis.

Anomalies of the Convex Surface and Base of the Cranium.—The convex surface is often thinner than normal, and on holding it up to the light, it is seen to be diaphanous, especially in the region and neighbourhood of the anterior fontanelle, which sometimes is found to persist. Very often the arch of the cranium is not only thickened, but eburnated. In cases of unilateral atrophy of the brain, the skull is thickened on the same side to compensate for the wasting; at other times there is asymmetry, corresponding to the smaller size of one lobe of the brain. In a case where the right lobe was smaller than the left, the circumference of the right half of the calvaria measured $8\frac{1}{2}$ inches, while that of the left half measured $9\frac{1}{2}$ inches. Sometimes there is asymmetry, due apparently to dilatations formed by the brain growing towards the side where there is least resistance. In one case the left side of the cranium was fuller and rounder than the right, but the right side of the forehead was squarer than the left, which receded gradually. In another case the forehead projected more on the right side than the left. In a case where rickets was present, the parietal bones overlapped the frontal, so that a ridge was present. When nearly all, or all the sutures of the convex surface become closed after birth, or when the patient is very young, a microcephalic skull is formed. In this kind of skull there is often great falling away of the front part towards the temporal region, which is found to correspond with an oval, and in some cases almost pear-shaped, brain. Sometimes the cranium is too narrow, owing to premature ossification of the sagittal suture. In these crania there is usually elongation in the antero-posterior diameter, by enlarge-

ment of the frontal and occipital regions, and thus a scaphocephalic skull exists. When there is too early ossification of the lambdoidal and coronal sutures, the skull is too short, and compensation often takes place in the region of the anterior fontanelle, and so conical or sugar-loaf heads are formed. In cases of chronic hydrocephalus and in hypertrophy of the brain, the skull is larger than normal. In hydrocephalus it is rounded in shape, in hypertrophy it is usually square; in hydrocephalus, the increase in the size of the head is most marked at the temples; in hypertrophy above the superciliary ridges.

Turning now to the base of the skull, the anomalies there found are supposed to be due to disorders in nutrition of the bone and cartilage. The most interesting deviation from the normal is that which is found in cretinism, where, according to Virchow, there is premature synostosis of the two parts of the sphenoid bone together and with the basilar process, and a steep descent of the clivus, or inclined plane formed by the union of the basilar process of the occipital bone with the sphenoid, reaching to the posterior clinoid processes. In all our autopsies there was ossification of the basilar process of the occipital with the sphenoid bone, but the bone in that situation was very thin and easily penetrated by the knife. The clivus was always very steep. Generally there was an elevated line round the foramen magnum, and often the sella turcica was narrowed from before backwards.

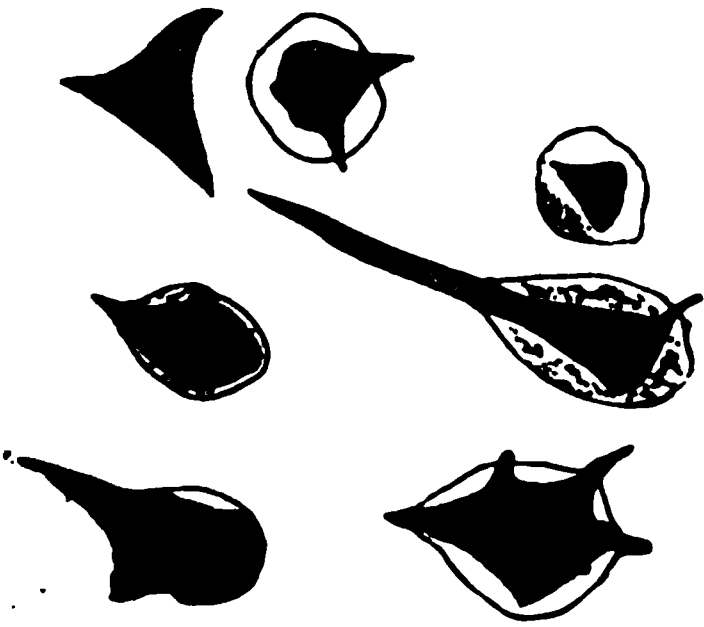
As far as the spine is concerned, there is usually posterior angular curvature and occasionally caries of parts of the vertebral column.

The pathology of idiocy would be incomplete if reference were not made to **sporadic cretinism** (Fig. 3). We are unable to say much about it, as the subject is treated of by Prof. Horsley,* but it is one in which we take great interest. Long ago, and previously to the publication of the report of the committee appointed by the Clinical Society to investigate the subject of myxoedema, we were convinced that there was a close relation between the two diseases, and that in fact myxoedema and sporadic cretinism were the same disease. We were led to this conclusion partly from the observation of cases of myxoedema kindly shown to us by Dr. Ord in the wards of St. Thomas's Hospital, and from an extensive acquaintance with the clinical signs of sporadic cretinism, many cases having been under our care; and partly from the fact that the intrinsic

* See CRETINISM.

frozen sections the nucleus is deeply stained, the protoplasm a little less so, and there are no clear spaces. The cells are of the same shape as above mentioned. Generally there is only one process, and at most only three or four. The apical process is always present; all stain deeply, and the secondary branches

FIG. 5.



Cells from third layer of cortex of frontal convolution of a cretinoid idiot, showing nucleus, retracted protoplasm, and granular matter. The retracted protoplasm and granular matter are represented too dark in the woodcut.

are finely attenuated. The stunted appearance so frequently seen in hardened sections is not found.

In hardened as well as frozen sections, it is often difficult to make out more than five layers, and the third is the one chiefly affected. The nuclear vacuolation described by some authors we have not seen.

FLETCHER BEACH.

IDIOCY AND IMBECILITY, ETIOLOGY OF.—In treating of the ætiology of idiocy and imbecility the joint authors of this article have endeavoured to combine their individual experiences (as set forth in their respective papers presented to the Annual Meeting of the British Medical Association in 1889), reference being also made to other published opinions on the subject.

The causes of idiocy and imbecility may be conveniently classified under three heads, according to the period at which their influence has come into operation, as follows:—

- (1) Those acting before birth.
- (2) Those acting at birth.
- (3) Those acting subsequently to birth.

Class 1 will of course comprise causes dependent upon parentage, such as insanity, imbecility, epilepsy or other neuroses, alcoholism, syphilitic taint, tubercular and other morbid tendencies which the family history may disclose. Consanguinity of progenitors: old age or exhausted

procreative powers of one or other parent; abnormal mental or physical conditions of the mother during gestation, are also included under this head; and the influence of illegitimacy may be considered in this connection.

Class 2 comprises: (1) Premature birth; (2) Difficult labour; (3) Instrumental delivery; (4) Accident at birth; (5) Asphyxia neonatorum. The relation of primogeniture and of twin birth to imbecility will also be discussed under this head.

Under **Class 3** we include: (1) Infantile convulsions (eclampsia); (2) Epilepsy and cerebral affections; (3) Febrile illnesses in childhood; (4) Paralytic affections; (5) Sunstroke; (6) Nervous shock; (7) Physical injury to head. The vexed question of overpressure at school comes in here for consideration.

It will be remarked that, as a rule, many causes combine together to produce imbecility. Most of the causes enumerated under Classes 1 and 2 may be looked upon as *predisposing*; whilst those in Class 3 are *exciting* causes. A congenital predisposition to nervous instability leads to an intellectual breakdown under the strain of some crisis of child-life, which under other conditions would be safely surmounted; and these cases Dr. Langdon Down classifies as *Developmental*.

Some few cases are clearly *accidental*, as those in which the head has been seriously injured in a fall; but in the great majority the influence tending to imbecility may be traced back previous to the child's birth, if only sufficient information can be gained. From this point of view the congenital far outnumber the non-congenital cases, though the statements of relatives would favour the opposite conclusion.

In estimating the ætiology of each case of idiocy and imbecility, it will be more scientific to sum up the various factors contributory to the condition than to attempt to discover a single cause. Taking those grouped under Class 1 we shall find that out of a total of 1180 cases taken from the Darenth Asylum case-books, intemperance was combined in 196 with the following causes:—phthisis, insanity, imbecility, epilepsy, syphilis, consanguinity, excitability, chronic neuralgia, abnormal conditions of the mother during pregnancy, premature labour, disease of the brain and paralysis. Further analysis shows that intemperance was combined with one cause alone in 90 cases, the most frequent associations with it being insanity, epilepsy, phthisis,

the fathers transmitted to the children, with the very identical symptoms, both physical and moral, observed in the progenitors. By the term heredity we understand the transmission of organic dispositions from parents to children." Moreau of Tours also says, "Just as real insanity may be hereditarily reproduced only under the form of eccentricity, so a state of simple eccentricity in the parents, a state which is no more than a peculiarity or a strangeness of character, may be in the children the origin of true insanity."

Dr. Maudsley mentions the case of a lady who suffered for some time from an intense neuralgia of the left half of the face; after the removal of a tooth suspected to be at the root of the mischief, the pain ceased, but an attack of melancholia immediately followed.

Menckel gives instances where the deaf-muteness of ascendants was transformed in their descendants into an infirmity of some other description, such as, hardness of hearing, obtuseness of the mental faculties, or idiocy. These causes are all forms of a neurotic diathesis, and therefore predispose to mental unsoundness in the children.

Parental alcoholism is, according to our experience, the fact next in order connected with family history, occurring in a percentage of 16.38 of our cases, according to the best information we have been able to obtain. This is rather in excess of the number given by Dr. Down, who states that in 12 per cent. of the fathers and in 2 per cent. of the mothers there was "avowed and notorious intemperance." No doubt the difference is due to the more frequent prevalence of drunkenness in the lower classes, for Dr. Shuttleworth's histories give a percentage of 13.25, which is nearly the same as that of Dr. Down, while at Darenth Asylum the percentage is found to be 19.57. If we were to push back our inquiries through the grand-parental generation and scrutinise the habits of six progenitors (as Dr. Kerlin, Superintendent of the Pennsylvania Institute for Feeble-minded Children, has done) our percentage would probably be not very different from the 38 per cent. which he gives in his ætiological table, published in the "Proceedings of the Association of Officers of American Institutions for Idiots." Dr. Beach found, on going through his histories, that there was a history of intemperance in the grand-parents in 22 cases, making a total of 253 patients with a history of intemperance, thus raising his percentage from 19.57 which was given above, to 21.44. He found that the intemperance was chiefly

marked in the father, but in 12 cases the mother drank, and in seven cases both father and mother gave way to drink. In a few cases he found that intemperance was a family failing. Thus, in three cases the father's side of the family are described as intemperate, and in one of these the male side had been intemperate for many generations. In one case only was the mother's side given to drink, but here the result was very marked, for, not only was the patient in the Asylum an imbecile, but her two cousins were imbeciles also. In two cases sporadic cretinism was present in the children, and in one, three children in the family were microcephalic idiots.

The influence of a *syphilitic taint* in the causation of idiocy has been already discussed by us in papers communicated to the International Medical Congress at Washington in 1887. We stated that in our experience the characteristic signs of inherited syphilis were rarely met with amongst idiots, though, no doubt, with a more complete knowledge of parental histories, it might prove to be a more common factor in the arrest of cerebral development than at present appears. With special attention directed to this point, we have, however, so far been unable to ascertain the existence of syphilitic taint in more than 28 out of our 2380 cases, a proportion equivalent to 1.17 per cent. At the discussion which followed on the reading of our papers, Dr. Down stated that he agreed with the views we expressed, and that, not only from his clinical experience, but also from pathological investigation, he was of opinion that not more than 2 per cent. of idiots are the subject of congenital syphilis; this opinion was formed not only from his experience as an alienist, but as a physician to the London Hospital. In the majority of cases, the mental deficiency has not been noticed until the age of the second dentition, from which time gradual degeneration has ensued, probably from atrophic changes due to diminished calibre of cerebral arteries and thickening of membranes. That this is the true view is borne out by a well-marked case which came under the care of Dr. Beach, in which the pathological changes above mentioned were found at the autopsy.

With regard to *consanguinity* of progenitors as a cause of imbecility, various estimates of the proportion of consanguineous marriages have been made by Messrs. Boudin, Dally and Legoyt in France; and in this country by Dr. Langdon Down, Sir Arthur Mitchell, and Mr. George H. Darwin; but these estimates vary so

class from which the figures are drawn; our own notes give 1.76 per cent. of illegitimate children among the patients at the Royal Albert and Darenth Asylums. Of course, *emotional* causes will come specially into play in illegitimate cases. Kind says that in Hanover the percentage of illegitimate idiots is 9.5; whereas the general proportion of illegitimate to legitimate births is 6 per cent.

Class 2.—We have included amongst “causes acting at birth” *premature birth*. Of course, this may be due to some of the causes already considered, such as maternal debility, or the presence of a syphilitic taint; but in some instances, probably, the bad start in life, consequent upon premature entrance into the world, may account for a backward condition of the intellectual powers, amounting in extreme cases to imbecility. Such cases have an aspect resembling that of idiots of the “Mongol type,” and are often feeble physically as well as mentally. 3.52 per cent. of our cases were prematurely born. We notice that *attempts to procure abortion* are debited in certain American statistics with the production of idiocy, but we have been unable to obtain reliable evidence on this point.

Importance has been attached by Dr. Down and other authorities to the relative preponderance of *first-born children* amongst idiots; 24 per cent. of Dr. Down’s cases being “primiparous.” Dr. Grabham states that of 1100 cases at Earlswood, 23 per cent. of the males were first-born and nearly 25 per cent. of the females, a result contrary to what we should expect, were the cause simply due to pressure in parturition. We do not think that primogeniture is so perilous, *quâ* the production of mental defect, as has been suggested; other causes no doubt play a more important part.

Our cases furnish only 20.67 per cent. of first-born children, which exceeds but slightly the percentage to be expected, taking an average family as numbering five children.

Prolonged parturition is doubtless a considerable factor in the production of idiocy. Dr. Shuttleworth’s statistics are admittedly imperfect on this point; but those of Dr. Beach give a ratio of 27.28 per cent. On combining the figures we obtain a proportion of 17.5 per cent. Of these the much larger number (14.24) are attributed to *protracted pressure without instrumental interference*; only 3.31 per cent. are attributed to *forceps delivery*. In comparatively few of the latter, however, were injuries noted due to the use of the forceps; and there is no doubt that

prolonged parturition is more detrimental than delivery by forceps.

Prominence has been given to this subject during the last two years, in consequence of the statement of Drs. Winkler and Bollaen, who, in a paper published in a Dutch medical journal, said, that they were disposed to think that the use of forceps was much more frequently the origin of idiocy than is generally supposed. This statement was at once contradicted by Drs. Langdon Down and Fletcher Beach. Not only does prolonged compression of the head result in asphyxia, but a number of the cases, when born, are in a helpless condition, some having lost the use of their legs, others becoming subject to convulsions; moreover, the head is often crushed, distorted, or otherwise injured.

When death ensues early, meningeal hæmorrhage is found on the convexity of the brain, thickest over the central zone, and in some cases with actual cortical laceration. In the cases that suffer from convulsions, or spastic contractions of the limbs with inco-ordination and athetoid movements, atrophy of the convolutions in the central region is found.

On the other hand, in the cases which have been delivered by forceps, only a few are helpless or paralysed.

Asphyxia neonatorum was only stated in 153 of Dr. Beach’s histories, a proportion of 12.96 per cent.; but there is no doubt that it was much more frequently present, for tedious or difficult labour is noted in 322 cases. Dr. Down states its frequency of occurrence as 20 per cent. amongst idiots generally, and 40 per cent. amongst those who are first-born children. Dr. Gowers has pointed out that of 26 cases of cerebral birth palsy, 16 were first-born children.

Occasionally idiocy is attributed to some *accident happening at birth*, such as injury to the head from the precipitate birth of the child into a chamber-pot in a sudden labour, or to hæmorrhage from the umbilical cord. Such accidents are alleged in 1.51 of our cases.

Twin birth is sometimes stated to be the cause of a child’s idiocy, the mother pointing to the perfect twin as a proof that imbecility was not inherent to the conception. Of our cases 0.96 were twin-born and in many of these the other twin is also imbecile.

Class 3.—*Causes acting after birth* are more willingly alleged by the friends than congenital causes, owing to the stigma they consider attaches to congenital defect; in consequence caution is needed in accepting these statements. After going carefully through the information at our

Table of Causes of Idiocy and Imbecility in 2380 Cases Abstracted from the Royal Albert Asylum and Darenth Asylum Case Books.

1880

1881

* Owing to

1882

In earlier Case-books of Royal Albert Asylum, information is imperfect on this point, but *Aglyzin* is recorded in 20 out of 171 recently admitted cases, equal to a percentage of 11.7. It may be noteworthy that 25.3 per cent. were males, 5.0 per cent. females.

command we have come to the conclusion that about two-thirds of our cases are of congenital origin, and not more than one-third are accidental or acquired. As Dr. Down has pointed out, an innate tendency to brain defect may remain latent until some crisis of development, such as the period of second dentition or of puberty, and such cases he classes as *developmental*.

The most frequently alleged cause of idiocy and imbecility is no doubt *eclampsia* (*infantile convulsions*). To this cause about one-third (32.58) of Dr. Shuttleworth's, and more than one-fifth (22.11) of Dr. Beach's cases are attributed. The combined percentage is 27.39. In many, however, there are other contributory causes; and the consideration always suggests itself, that many children suffer from severe convulsions during teething, and yet escape being idiots. In one case, convulsions came on in consequence of a quantity of brandy being drunk by the child. Another case was very interesting; five weeks after the patient's birth the mother was suckling the child and fretting in consequence of the intemperate habits of her husband; the child, while at the breast, had a fit, and convulsions have occurred from time to time ever since.

Epilepsy and cerebral affections account for a percentage of 8.11. Dr. Shuttleworth's fifty-seven cases are due to brain disease of an active kind, such as acute hydrocephalus, and other forms of inflammation of the brain and its membranes; while Dr. Beach's 136 cases are entirely due to epilepsy.

As before mentioned, epileptic cases are to a great extent excluded from the Royal Albert Asylum, but in the Darenth Asylum one-third of the patients are subject to epileptic fits. The epilepsy was attributed to injury, a fall, fright, or masturbation. These are usually cases in which there is strong hereditary predisposition and the children are born with a very unstable brain. The presence of this predisposition is proved by the fact that no less than 338 (out of 1180 cases) of convulsions or disease of the brain occurred in other children of the family in which there was an idiot or imbecile child. After one of the causes above mentioned, epilepsy comes on, and imbecility is the result. Fortunately, under the influence of medicinal and hygienic treatment, the fits in a certain proportion of cases can be reduced in number and sometimes cease altogether; when the latter result is attained, the imbecility as a rule disappears. Such, at least, has been the experience at Darenth, though diverse views are held on this subject by various authorities.

In 147 cases (6.17 per cent.) there was a history of *severe injury to the head* from falls, blows, &c., the falls being often from the arms of a careless nurse, or down a flight of stairs. In estimating this cause it became necessary to exclude a large number in which epileptic fits followed, as the imbecility appeared to be more due to the epilepsy than the injury.

Fright is alleged as a cause in 73 cases (3.06), and what the parents call a *stroke*, in 22 cases, or 0.92 per cent.

Febrile illnesses, such as scarlatina, measles, typhoid fever, small-pox, and whooping-cough, are said to account for as many as 142 cases (5.96 per cent.) acute brain symptoms being associated with the majority, and in the rest general defect of nutrition apparently causing cerebral atrophy.

Sunstroke has been given as a cause in 13 cases (0.54 per cent.), many of these being children from India.

It is certainly remarkable that in these days of forced education, we have only met with 4 cases in which *over-pressure at school* has been alleged as the cause of the imbecility.

Mr. Galton tells us in his book on "Natural Inheritance" that "we appear to be severally built up out of a host of minute particles, of whose nature we know nothing, any one of which may be derived from any one progenitor, but which are usually transmitted in aggregates, considerable groups being derived from the same progenitor. It would seem that, while the embryo is developing itself, the particles more or less qualified for each new part, work, as it were, in competition to obtain it." If this be true, it would seem clear that a hindrance to the working of the particles qualified for the production of the brain would lead to imperfect development, and so would be the origin of idiocy and imbecility.

The law of retrogression by which, Mr. Galton says, the child is certain to reproduce not only some of the qualities of its father and mother, but also of remote ancestors, may account for the appearance of an idiot in a family, where the other children are healthy.

GEO. E. SHUTTLEWORTH.

FLETCHER BEACH.

IDIOCY IN ITS LEGAL RELATIONS.—The legal incidents of idiocy are now of comparatively little importance, owing (1) to the gradual displacement by modern scientific knowledge, and indeed by recent legislation,* of the old *presumptio juris et de jure*,† that idiots

* Cf. The Idiots Act, 1886, 49 Vict. c. 25.

† See PRESUMPTIONS (LEGAL).

Such perversion may be psychical or physical, innate or acquired, permanent or temporary. The mind, emotions, or organic nervous system are usually affected simultaneously, but in a variable degree, by impressions received through the senses. Less frequently the higher nervous centres take no part, the phenomena being apparently of reflex production through the spinal centres (Ord).

IDIOSYNCRASY, IMAGINARY (*ἰδιος, σύν, κρᾶσις*; *imago*, an image). A species of false judgment in which the patients imagine that certain foods or medicines disagree with them, whereas if they are taken no ill results follow; there is usually a strong hysterical taint.

IDIOTIA (*ἰδιωτεία*, the condition of an *ἰδιώτης*). A state of idiocy or idiotism.

IDIOTIA ENDEMICA, IDIOTIS-MUS ENDEMICUS (*ἰδιωτεία*; *ἐνδημος*, pertaining to a people). Synonyms of Cretinism.

IDIOTS AND IMBECILES, THE AMELIORATIVE TREATMENT AND EDUCATIONAL TRAINING OF.—The means used for improving the condition of idiots and imbeciles may be considered under two practical heads:—

(1) Those directed to the Alleviation of Physical Defect and Infirmary.

(2) Those directed to the Improvement of the Mental and Moral Powers.

(1) In this article we can but cursorily allude to the correlation of physical and mental defect, which can be traced in every case of idiocy and imbecility. It must suffice to state broadly that bodily abnormalities, formative or functional, constitute an important element in the consideration of ameliorative treatment, and that without an improvement of the physical condition of the patient no mental progress can be reasonably anticipated. Consequently, we shall first consider the agencies of a physical character, including medical treatment, serviceable in combating physical defects and infirmities, and then pass in review the processes found useful in developing and strengthening the deficient mental powers.

The physical agents used may again be subdivided into (A) those of a hygienic character, and (B) those falling more appropriately under the head of medical treatment.

The physical exercises which form so important a part of the training of imbecile children, though of course directed to the improvement of the bodily powers, have so close a connection with mental training that it will be more convenient to consider these under the second of our main divisions.

(A) **Hygienic treatment** involves considerations which may conveniently be arranged under the following headings:—

(1) Heredity, (2) Habitation, (3) Diet, (4) Clothing, (5) Cleanliness, (6) Exercise.

(1) *Heredity* is in this place referred to rather to point out the frequent inappropriateness of the care of an idiot child by its own parents than to protest against ill-assorted marriages which lead to the production of idiot children. It is obvious that those who have transmitted, in perhaps an intensified form, their own defects of character to their children, are not likely to be judicious in the treatment of these defects, and consequently the systematic training of defective children is, as a rule, best confided to a stranger. A neurotic mother will do well, both for her own sake and that of any future offspring, to obtain the aid of a kindly but judicious nurse to relieve her of some of the anxiety attaching to the care of her idiotic child. The administration of phosphorus to the pregnant woman has been advised as a prophylactic against idiocy in the offspring, but hygienic precautions on the part of the mother, anterior to the child's birth, are more likely to be productive of benefit. Above all the cultivation of an equable temperament in the pregnant woman is to be inculcated.

(2) *Habitation*.—There is no doubt that darkness and dirt in the dwelling tend to intensify bodily and mental enfeeblement. Nearly fifty years ago Dr. Guggenbuhl showed how much good resulted from the transference of cretins from the depths of Alpine valleys, shrouded for months in gloom, to the bright sunshine of the Abendberg. A similar experience has followed the gathering of idiots and imbeciles, whether from the slums of cities or from insanitary rural districts, into buildings, well-placed, well-lighted, well-warmed, and at the same time well-ventilated. Having regard to the proclivity of this class to tubercular affections, it is essential that such buildings should be on a dry soil, free from malarious influences, and exposed to the direct rays of the sun. The necessity for warmth, in view of the feeble circulation so common in this class, must be borne in mind; and a temperature of not less than 60° should be ensured both night and day.

(3) *Diet*.—Judicious feeding is of the first importance in the case of idiots, inasmuch as they are prone to a variety of digestive troubles. When the mother is decidedly neurotic or scrofulous, it may be advisable, when circumstances permit, to obtain the services of a strong-minded

and especially of the drink, will sometimes have a good moral as well as physical effect. The wearing of india-rubber urinals and such-like mechanical contrivances is seldom serviceable, and they tend to foster negligence. Habits of cleanliness may, to a certain extent, be inculcated by a simple system of rewards and punishment.

Slavering is, in many cases, a habit to be overcome by teaching the child firmly to close its lips. A valuable means to this end is the practice of holding within the lips a small rod, such as a penholder. The provision of slavering cloths, made of quilted washing material, is called for in some cases.

The habit of *self-pollution* is unhappily not uncommon with imbecile boys even at an early age. Besides moral means, the affusion of cold water, and the careful removal from the glans penis of any irritating matter, may be of benefit. Circumcision is undoubtedly useful when there is a long foreskin.

Frequent *baths* are, of course, called for, and, judiciously given with appropriate frictions, serve to improve the superficial circulation and the cutaneous sensibility. Many idiots have a generic odour, and in their case a tepid bath, to which a little "Toilet Sanitas" has been added, may be advantageously given night and morning. The question of temperature of baths must be settled by considering the peculiarities of each case: cold is, as a rule, ill-borne, the powers of reaction being very feeble. Salt baths are serviceable in strengthening feeble limbs.

The condition of the skin must be carefully attended to, as, owing to defective nerve power, sores and sloughs are apt to form upon slight irritation. Emollient applications, such as vaseline, vinolia cream, and powders of zinc oxide or fuller's earth, are often useful.

(6) *Exercise* must be adapted to the physical condition of each case, but in all is essential, and, where spontaneous activity is deficient, may be administered in a passive form—that is, by massage and flexions of the limbs. The advantage of treatment by massage in the case of inactive idiots was insisted on by Édouard Séguin so long ago as 1846 ("Traitement, &c., des Idiots," p. 285), where he calls it "un agent précieux," giving rise to marked improvement, not only of the muscular, but of the nervous, system. A couple of hours at least daily should be spent in the open air whenever the weather permits, and in the stronger cases active play should be encouraged, as well as occupation of a useful kind.

(7) *Medical Treatment* will, of course, consist of the application of the ordinary principles of practice to the special morbid conditions of the idiot class. A deficiency of vital force, as evidenced by sluggish circulation, imperfect powers of digestion, and a tendency to tubercular disease, may be named as the most constant characteristic; and, consequently, the inappropriateness of all lowering measures is obvious. The scrofulous constitutions so frequently met with call for a liberal diet, and the administration of cod-liver oil and maltine, while the quality of the blood is improved by the use of some ferruginous tonic, such as Parrish's chemical food.

When an inherited syphilitic taint has been ascertained, the use of potassic iodide in combination with mercuric bichloride is sometimes of use in promoting absorption of adventitious deposits in the coats of cerebral arteries, and thus improving the condition of the brain. When the circulation is feeble, it is advisable to give stimulants in the form of porter or port wine, and hydrochloric acid with chloric ether is often of service in correcting digestive troubles. When diarrhoea is of the character of a mucous flux, an emulsion of castor oil with small doses of opium is useful; in other cases, astringents, such as sulphuric acid, kino, catechu, or sulphate of zinc may be tried. In the fermentative variety, with foetid stools, the administration of small doses of carbolic acid has proved of service.

The spongy condition of gums frequently met with is best treated by the administration of chlorate of potash, and the aphthous condition of mouth by the local application of boracic glycerine. The various discharges from eyes, nose, and ears may be treated by astringent lotions of sulphate (or, in more severe cases, of chloride) of zinc. The skin eruptions so commonly met with in idiots demand the remedies appropriate to each variety. Ringworm and other parasitic affections find a congenial soil on the inactive skins of idiots, and are often difficult to cure. The liability to lice is a troublesome trait in some cases, and calls for careful combing, and the use of carbolic lotions. The tendency to chilblains is very marked, and the painting of the hands and feet with tincture of iodine is a good preventive. Frictions are of course not to be omitted; and when sores occur resin ointment is a valuable application.

Having regard to the feeble constitutional powers of idiots and imbeciles, prognosis as to the course of the exanthemata, and of acute disease generally, must be given with caution, especially

a later stage of the cultivation of purposive movements, aided by the progressive development of the senses and the intelligence; whilst the cultivation of the moral faculties, must, in any judicious system of education, proceed *pari passu* with that of the mental powers. We do not range, under the special modes of training peculiar to the circumstances of the idiot or imbecile, those educational processes which form a recognised part of the school education of every child, although it will be convenient to refer to certain methods of elementary instruction which seem peculiarly adapted to feeble intellects. The educational, as well as the hygienic, aspects of recreation must, moreover, not be lost sight of.

Under the first heading (A) then we consider **Methods of developing and regulating the Bodily Activities in due relation to the higher Co-ordinating Power.** These comprehend:—

(1) **Exercises to call forth Activity and at the same time awaken Powers of Attention and Imitation.**—In the case of apathetic idiots, bags filled with beans or maize are thrown by the teacher at the patient, who is encouraged to catch them and throw them back. In such cases a simple instinctive action may often be seen to pass by degrees into a purposive movement: the child first puts up his hands to guard himself from the missile, then grasps it, then returns it. Then follow simple muscular exercises, such as clapping the hands in time to music, simple movements of the arms (up, down, folded, behind the back, &c.); then movements of the legs; finally of the head. Marching in time to music follows.

It will be understood that individual infirmities have to be considered in devising drill appropriate to each case; and, where paralytic defects exist, the muscular powers of the teacher have to supplement the deficiencies of the pupil.

(2) **Exercises to regulate Abnormal Activities.**—In the restless, excitable class of idiots benefit is often derived from the soothing effects of music, which will arrest the attention when every other means fails. By slow degrees the movements of the patient will be brought into rhythm; and a judicious teacher will find means of transforming mere restless activity into exercises which may be dignified with the name of drill.

(3) **Exercises to promote Co-ordination.**—These are more especially useful in the large class of imbeciles who suffer from spasmodic or choreiform movements. A child who suffers from athetosis of the fingers is first set to pick up and place in

their appropriate cavities the marbles on a "solitaire" board. Then comes what is called a "peg-board;" a flat piece of wood with perforations into which nail-like metallic pegs fit. The exercise is two-fold: first, the grasping of the pegs between thumb and finger, and secondly the insertion of them into the holes (in which they fit pretty tightly). Then come exercises in threading beads and perforating picture cards for Kindergarten work. The grasping of wooden blocks (ordinary children's bricks), and the building of them into various forms, are excellent exercises both for this class and for the restless children above adverted to. The lower limbs have also to be trained, and for this purpose a ladder lying upon the floor, with flat pieces for "rounds" is very useful. Over this ladder the children march, either stepping between the rounds, or upon them, as indicated by the teacher. Walking up and down steps is another useful exercise, promoting the due balancing of the body, and the alternate use of the feet. To such simple exercises as these gradually succeed others more commonly designated as "drill" (which should be set to music), and exercises with wands, wooden dumb-bells, gymnastic ladders, swings with foot-board, parallel bars and inclined planes, &c. It must, however, be borne in mind that the object to be attained is not athleticism, but due co-ordination of the muscles, the powers of attention, imitation, and of voluntary control being at the same time developed.

Logically, the muscular exercises requisite for speech-production, should be treated under this head, but having regard to the close relation of speech with hearing it will be more convenient to defer our remarks on this subject until we have considered the education of the senses.

(B) **Methods of developing and exercising the Senses and Perceptive Faculties.**—Whilst the muscular activities are being aroused and regulated, the senses must be quickened, the perceptions cultivated, and by these means the intellectual powers will be gradually brought into play. In the idiot, as in the normal child, it may be taken as an axiom "that the education of the senses must precede the education of the mind:" as Dr. Séguin has well remarked, "the organs of sensation being within our reach, and those of thought out of it, the former are the first that we can set in action." The normal child indeed sets them in action for himself; but for the abnormal, special sense-culture is needed. The senses of touch, of taste and of smell,

or following. From sounds which may be called simply phonetic, the child is led to pronounce the names of objects containing these sounds, the objects themselves being shown him. A table of speaking exercises constructed for the use of the schools of the Royal Albert Asylum is subjoined.

however imperfectly, for what it wants at table.
The defective functions having thus been developed and trained by the judicious exercise of the organs both of movement and sensation, the child no longer remains isolated (*ιδιώτης*) from his surroundings and his fellows, but is prepared

SPEAKING EXERCISE.
I. Consonants.

Sound.	Phonetic.	Common Object.	Part of Body.	Part of Dress, &c.
M.	Mam-ma	Mat, Man, Miss	Mouth, Muscle	Muff, Muffler, Mitten
P.	Pap-pa	Pen, Pin, Pipe	Palm (of hand)	Pin, Pocket
B.	Bab-ba	Bell, Box	Bone, Bust	Bib, Bow
T.	Tat-ta	Table, Top, Tea	Toe, Tooth	Tie, Tape
D.	Dad-da	Door, Doll, Desk	Dimple	Dress
V.	Va-va	Velvet, View	Vein	Veil, Vest
F.	Fa-fa	Fan, Fire	Foot, Face, Finger	Fur, Frock, Flannel
L.	La-la	Lad, Lady, Lock	Lip, Limb, Leg	Lace, (E)lastic
R.	Ra-rec	Rag, Reel, Rail-road	Rib, (W)rist	Ribbon, Ring
S.	See-saw	Soap, Slate, Seat	Sole, Skin	Sock, Sash, Stocking
Z.	Za-zel	Zinc, Scissors	Hazel (Eyes)	Stays, Zone
Th.	The	Thimble	Thumb, Throat	Thread
Sh.	She	Shell, Shilling	Shoulders, Shin	Shoe, Shawl, Shirt
Ch.	Chick	Child, Chair	Chin, Chest, Cheek	Chain (of Watch)
J.	Jig	Ju-jube, Jug	Jaw, Joint	Jacket, Jewel
G	Gig	Girl, Gas	Gum	Garter, Gaiter
(hard).				
K.	Cake	Cat, Kite, Colour, Coat	Calf	Coat, Cap, Collar
N.	Nanny	Net, Nut, Knot	Nose, Nail, Neck	Necktie, Knot

II. Simple Vowel Sounds.

Vowel Sound.	Examples.	Vowel Sound.	Examples.
A open = (Ah)	Father	U (short) = Ū	Tun, Fun
A (broad) = (Aw)	All (Awful)	U (long) = Ū	Tune, Fume
A (short) = Ā	Cap, Tap	E (short) = Ē	Bed, Fed
A (long) = Ā	Cape, Tape	E (long) = Ē	Bead, Feed
O (short) = Ō	Cot, Knot	I (short) = Ī	Bit, Fit
O (long) = Ō	Coat, Note	I (long) = Ī	Bite, Fight
ŌŌ (short) = ŌŌ	Foot, Wood		
ŌŌ (long) = ŌŌ	Boot, Food	Aspirate H	Hat, Hall
		Double Letters, W, Y	Wall, You
		Diphthongs, ŌĪ, ŌW	Oil, Owl

So much for the methodical training of articulation. We have already remarked that music may be used as an aid to speech, and some of the old nursery rhymes (*e.g.*, Elliott's "National Nursery Rhymes"), set to catching music, and sung daily in class, will, by their easy repetition of sounds, help on the child in speech. At a later stage repetition of verses after the teacher, who must attend especially to the pronunciation, is an excellent exercise. As a rule, it is well to disregard signs, and make the child ask,

to take part in the curriculum of school instruction. This must, of course, be reduced to its simplest form; though attention may be attained, abstract ideas will not be comprehended, and everything must be presented in a concrete form. Specially applicable to imbeciles is the Horatian maxim,
Segnius irritant animos demissa per aurem
Quam quæ sunt oculis subjecta fidelibus.
Objects and pictures must be constantly put before the pupil to render the teacher's words impressive. Reading is best taught

sideration from those with whom he is associated; it is not to be expected that he will, in the majority of instances, be able to manage his own affairs or compete in the labour-markets of the world. Placed in a niche, however, where he can without molestation exercise his acquired talents, he will in many cases turn out more or less remunerative work; and, failing this, he will, in consequence of having some resources within himself, cease to be a nuisance to his friends and surroundings. Even the improvement of habits by systematic training is not to be despised in relation to the comfort of the family; and it must ever be borne in mind that an idiot left untrained is pretty sure to deteriorate.

A review of twenty years' experience at one of the large English institutions furnishes the following results:—Of patients discharged after full training, 10 per cent. are self-supporting, whilst another 10 per cent. would be so if they had obtained suitable situations, and about 20 per cent. were reported as useful to their friends at home. This bears out in a remarkable manner the early estimate of Séguin, who says that "idiots have been improved, educated, and even cured: more than 40 per cent. have become capable of the ordinary transactions of life, under friendly control, of understanding moral and social abstractions, of working like two-thirds of a man; and 25 to 30 per cent. come nearer and nearer the standard of manhood till some of them will defy the scrutiny of good judges when compared with ordinary young men and women."

G. E. SHUTTLEWORTH.

IDIOTS SAVANTS. (Fr.) Feeble-minded children with a special development of some mental faculty, such as that of music, calculation, &c.

IDOLUM (εἰδωλον, an image). A name sometimes applied to a false idea, illusion or hallucination.

IDROMANIA (for Hydromania). Insane impulse to commit suicide by drowning.

IKOTA.—A Siberian form of religious insanity, occurring almost exclusively among married women. It is a hysterical psycho-pathological condition which in its milder forms is characterised by listlessness, with occasional outbursts of anger, the patient giving vent to inarticulate sounds when displeased; in its more intensely developed forms, outbursts of maniacal excitement of short duration are observed, in which the patient violently attacks those about her, or even lays hands on herself. (See HYSTERIA, KLIKUSCHI, LATA.)

ILLUSION (*illusio*, a mocking). A deception, false appearance, or mockery; sometimes used synonymously but incorrectly for hallucination. In psychology, the term is used to denote the erroneous conception by the mind of some external object which is perceived by any one of the senses. (Fr. *illusion*; Ger. *Täuschung*, *Sinnestäuschung*.) (*Vide infra*.)

ILLUSION.—Illusion has been carefully distinguished since the time of Esquirol from hallucination, as being the false interpretation of a sensation actually perceived. We think that it is desirable to retain this distinction, although several able psychologists have recently insisted upon their essential identity—among them Prof. Ball. We have already expressed ourselves as follows: "No doubt the distinction is a very fine one in some instances. The question is not altogether unimportant, because while men easily, in even a perfectly sane state, convert a real object into something other than itself, they rarely perceive one externally projected, in the entire absence of a corresponding reality, without a more or less grave disturbance of the nervous system. It is maintained that an illusion is always a false interpretation, and therefore a purely psychical process—not an illusion of the senses at all. It must not be forgotten that an insane hallucination, as well as an illusion, may involve a false interpretation."

Certain hypnotic experiments tend to show how illusion runs into hallucination. Thus, in consequence of suggestion, a hypnotised subject may be made to see on a card a likeness which is not there. At the same time the central point around which the hallucination plays, is a dot actually there (*pointe de repère*). Sully defines illusion as any species of error which counterfeits the form of immediate, self-evident, or intuitive knowledge, whether as sense-perception or otherwise.* This, however—the popular signification of the term—is too wide for the alienist, who must restrict its use to sensory states. The above writer observes in reference to the separation between illusion and hallucination that "in the latter it is impossible in the majority of cases to prove that there is no modicum of external agency co-operating in the production of the effect" (*loc. cit.*).

It is hardly necessary to say that illusions like hallucinations are consistent with sanity. Few persons are not subject to visual and auditory illusions in the course of their lives. Expectant atten-

* "Illusions: A Psychological Study." By J. Sully. Second edition, p. 6.

which results from the law of self-interest. "There is first," M. Jolly observes, "a purely *instinctive*, and, so to say, passive imitation, and also an *intellectual* or active imitation; the former, common to us and the lower animals, and performed unconsciously, at all epochs and in all the conditions of material life; the latter, which belongs to the domain of mind, is concerned with intelligence and reflection, endeavouring to copy knowingly, and to faithfully and voluntarily translate everything that causes pleasure" (*L'Union médicale*, 1869). Intellectual imitation reproduces the master-pieces of art and genius, including the drama.

The third category includes that variety of imitation which determines moral contagion. It is scarcely needful to point out that this is of great importance to the psychologist and the social reformer. The principle underlies some of the most serious and lamentable events in society. On the other hand, it may favour noble acts, whether religious or political. In either case it may carry along in its train more or less mental derangement. Crimes are imitated, epidemics of particular forms of criminality are witnessed. The dreadful murders committed by Tropman in France, led to a crop of similar horrors in that country, Belgium, and England. Suicides are notoriously contagious. M. Despine complains of the confusion, avoided by Esquirol, between the imitation which is the outcome of moral imitation, and that which is the result of instinct. A man witnesses a certain act, and desires to commit it. In employing the same means to carry it out, he has been influenced by reasons which appeal to his intellect. It is no longer an unreflecting instinctive act. It is observed by Despine, that well-marked as it is with children and certain animals, instinct tends to become gradually effaced in adolescence and mature life, in the presence of more important and powerful motives and individual activity.

Lastly, imitation may be determined by nervous contagion. The morbid principle is contained in a neurotic condition liable to generate spasmodic phenomena, actual convulsions, and even abnormal moral manifestations, which cause in those who are susceptible to this contagion, a similar neurosis, and along with it bodily and mental phenomena of the same nature. Yawning is a familiar example. The epidemic convulsions which occurred in the cemetery of St. Médard are well known. Similar examples are given by M. Bouchut. One occurred in Paris in 1848, in a manufactory where 400 women were

employed. One of the number became pale, unconscious, and convulsed. In a couple of hours 30 were affected in the same manner, and on the third day, 15; the same symptoms were present in all. A second epidemic of convulsions occurred in 1861, among the young women of the parish Montmartre, who were preparing for their first communion. In the first instance, 3 were taken in the church with loss of consciousness and general convulsive movements. The scene was repeated at the evening service. On the second day the same symptoms were developed in three other girls. The same happened on the third. On the fourth day, that of the first communion, 12 were seized with the same disorder. Twenty more were attacked in the evening. Lastly, on the following day, at the confirmation, no less than 15 were, as the archbishop approached, seized with convulsive tremors, screamed, and fell down unconscious, the hand being raised to the forehead. At this time 40 girls out of 150 presented nervous phenomena.

Women and children fall a prey to the influence of nervous contagion more easily than men, although the latter are by no means exempt. (See DEMONOPATHY; EPIDEMIC INSANITY; THEOMANIA.)

Despine asks, Ought we to attribute the frequent repetition of criminal acts (homicide, suicide, infanticide, incendiarism) exclusively to moral contagion? The reply is just: that we ought to do so, if acts are inspired by a physiological passion natural to man, as self-interest, hatred, jealousy, &c. In addition, however, to these causes, there may be in other instances a diseased condition of the brain, which is the essential factor. The passions which are in force are then pathological in their character; for example, murder is committed not from the desire of gain or even vengeance, but for the sake of killing; if suicide is committed, it is not from despair, but in consequence of an impulse. Of course those who witness such acts may be so affected by them, as to be disposed to imitate them.

M. Bouchut is stated to have attributed nervous contagion to a miasm formed in places where impressionable people are assembled together. It is, however, unnecessary to adopt this explanation when there is every reason to suppose that moral contagion amply suffices to produce it. M. Despine advances all that can be said in favour of the two hypotheses, and is unable to determine which possesses most probability; but he inclines to the doctrine of moral in contradistinction to miasmatic contagion. We regard the former

Acrophobia, described by Dr. Andrea Verga, means the dread of being in high places.

Astraphobia, the fear of an approaching storm, may be associated with unusual susceptibility to electrical conditions of the atmosphere.

Zoöphobia, the nervous fear of certain animals, as beetles, spiders, mice, toads, &c., is not uncommon.

Such terms may be multiplied almost indefinitely, as *topophobia* (Beard's name for agoraphobia) and *oikophobia* (morbid fear of home). There may be some convenience in this nomenclature, but the reader must not suppose that there is pathological justification for all the modern terms which have been added to psychological medicine in the realm of imperative ideas.

Coprolalia and the impulse to use blasphemous expressions (*manie blasphématoire*) without the slightest external cause, and frequently in women brought up in the most careful manner, occasion intense and prolonged mental suffering, often known only to a medical confidant, to whom the unhappy subject of the affection reluctantly reveals the intrusion of unsavoury words and the incipient ejaculation of unaccustomed and undesired epithets. The writer has for years been accustomed to label this variety as more especially an obsession.

In slighter degrees, every one is occasionally annoyed by the frequent recurrence of a line of poetry or of a tune in the course of the day; or a subject may haunt the memory for days which we would willingly get rid of, but cannot. A friend wrote to us after composing a poetical work: "I long to get it out of my brain and begin on 'fresh fields and pastures new,' but you know how difficult it is to make the vibrations cease when the intellectual chimes have been set to a particular tune."

The insanity of doubt may, when it has not developed so far as to involve the patient in a state of mind in which there is no longer a consciousness on his part of the morbid nature of his trouble, and an effort to resist it, be placed under imperative ideas as already defined (see DOUBT, INSANITY OF).

The forms which imperative ideas assume while primarily mental may be either motor or sensory.

Many so-called eccentric habits belong to the motor division. As an illustration may be mentioned the harmless trick of always touching the same object in passing it during an accustomed walk, as happened with Dr. Johnson. Probably some motor acts may be explained by the

influence of organic memory exerting itself after the cause of the particular movement has disappeared. If, for example, a piece of furniture, or a door, the presence of which has necessitated some action of the body in order to avoid it, be removed, the no longer required movement may continue, and in a nervous state of the system is likely to become an intolerable habit, and an imperative act, the outward and invisible sign of an imperative idea. Should its true character not be recognised, it may be attributed to occult agencies, and a belief in mysterious influences may be generated.

With regard to the sensory variety, which may assume a very definite character, sometimes so agreeable to the individual as to become a fascination, and at other times so intolerable as to be a torment, the explanation may, on analysis, be found in the association of a particular perfume with an occurrence with which it has no causal relation. This observation no doubt applies to all the organs of special sense. Certainly a particular colour in some persons has become associated with certain thoughts or feelings, the result being that the perception of the former may excite to an inconvenient and morbid extent a group of ideas which at last cannot be disassociated when the individual desires it, and at last constitutes an intolerable association from which there is no escape; or the order is reversed, and a particular thought or feeling induces sensory excitation, and suggests a colour, or scent, or taste, or even a vision of the object. Here, however, we invade the department of hallucination. But, although it may be difficult to draw a hard-and-fast line between sensory obsession and hallucinations, we do not now refer to the latter in their definite form, seeing that the individual is quite lucid and cannot properly be regarded as hallucinated. He who has perpetually a particular word brought within the range of consciousness does not hear it any more than we hear the words that ordinarily pass through our minds, and therefore he is not the subject of auditory hallucination.

Passing from the motor and sensory manifestations, we have the thoughts which are poured into the mind in opposition to the person's will, those imperative conceptions, or intellectual impulses, which are more especially recognised as falling under the title of this article. It is at this point that hypnotic suggestions throw considerable light upon those quasi-insane conditions which arise independently of hypnotism. That there exists

phosphates, strychnine, &c., baths of various kinds, and especially electricity, either in the form of a powerful application, of galvanism to the head (Beard), or of Franklinism (Vigouroux). A few cases have been benefited by hypnotic suggestion.

Summary.—(1) Heredity has by some alienists been regarded as an essential part of the definition of imperative ideas, but we are unable to go to this length, although doubtless it will be very frequently found when carefully looked for.

(2) Common to all cases is the bondage under which the victim lies to pursue a certain trivial or disagreeable line of thought, often associated with vocal utterances, or motor acts, along with sanity in other respects. Hence, Esquirol's term, "reasoning monomania," apply to an allied mental condition. M. Ball's phrase—intellectual impulses—is an apt one, but we would observe—

(3) That if such cases are carefully analysed, they are generally found to arise out of emotional disturbance. Morel so fully recognised this, that he employed the words *délire émotif*, and referred the mental disorder to disease of the visceral ganglionic nervous system * (Régis).

(4) Closely associated with imperative ideas is the morbid tendency to doubt and to inquire wearisomely and endlessly into the most useless subjects. As persons who labour under this disorder ardently desire to be rid of the daily trial which torments them, it is very important to have distinct views as to the reply which ought to be made to their earnest entreaty for advice. It is a mistake to recommend them to do battle with the foe, and to make desperate efforts to eject it. By virtue of a psychological law, such a mental act serves to intensify a morbid impression. It is much better to smile at it, to affect not to care for the intruder, and to treat it with dignified indifference.

THE EDITOR.

[References. — Morel, Archives générales de Médecine, 1866. Charcot and Magnan, Sept. 1885. Doyen, l'Encéphale, 1885. E. Régis, Les Neurasthénies Psychiques (Obsessions émotives ou conscientes), 1891. J. Falret, Congrès international de Médecine mentale de 1889. M. Ball, l'Encéphale t. 1. 1881, p. 21. Trélat, Folie Lucide, 1860. Morel, Du délire émotif, in Archives générales de Médecine, 1866. Cullerre, Les Frontières de la Folie, 1888. Idem, Traité pratique des Maladies mentales, 1890. Krafft-Ebing, Lehrbuch der Psychiatrie, 1883. Emil Kraepelin, Psychiatrie, 1887].

IMPOTENCE, PSYCHICAL (*impotentia*, inability; *ψυχή*, the soul). Impotence due to mental disturbance.

* "Archives générales de Médecine," 1866.

IMPULSE (*impulsus*, from *impello*, I push against). An influence acting upon the mind, especially suddenly or involuntarily; a sudden thought, idea, determination or emotion. (Fr. *impulsion*; Ger. *Trieb*, *Antrieb*.)

IMPULSE, ANIMAL.—The uncontrollable desire towards purely animal acts—e.g., rape, &c. Under this term Clouston includes perverted instincts, appetites and feelings.

IMPULSE, DESTRUCTIVE.—An uncontrollable desire to destroy, which may exist alone without much outward exaltation or depression, but which is usually found as one symptom of the general psychosis of mania, excited melancholia, and the first stage of general paralysis (Clouston).

IMPULSE, HOMICIDAL.—An uncontrollable desire to lay violent hands on, or kill persons indiscriminately; a common symptom in a minor degree at the outset of mania and even melancholia. (See HOMICIDAL MONOMANIA.)

IMPULSE, MORBID, EMOTIONAL.—An emotion prompting to an insane act, as in some forms of moral insanity (*q.v.*).

IMPULSE, MORBID, INTELLECTUAL.—An idea prompting to an insane act.

IMPULSE, ORGANIC. (See IMPULSE, ANIMAL.)

IMPULSE, SUICIDAL.—The sudden uncontrollable impulse to commit self-destruction. Impulsive suicide unaccompanied by marked mental depression or delusion. In rare cases the impulse is accompanied by unconsciousness. (See SUICIDAL INSANITY.)

IMPULSE, UNCONTROLLABLE.—A state of defective mental inhibition, in which an idea or emotion is transformed into action against the will or wish of the subject.

IMPULSES, EPILEPTIFORM.—Sudden impulsive acts, attended by unconsciousness, which are exactly the same in character as those that occur in epileptics, and yet the patients are not subject to ordinary epilepsy (Clouston).

IMPULSIONS, INTELLECTUELLES. (Fr.)—A term employed by Ball for Imperative Ideas (*q.v.*).

IMPULSIVE INSANITY. (See DESTRUCTIVE IMPULSES.)

IMPULSIVE MONOMANIA. (See MONOMANIA.)

IMPUTABILITY (*imputabilitas*; from *in*, *puto*, I think). The condition as to being of sound mind so as to be legally responsible for one's actions. (Ger. *Imputibilität*, *Zurechnungsfähigkeit*.)

the ever-present influence of polytheistic mysticism.

(1) Thus there was the Vedic period about fifteen centuries B.C. The family and tribe were the basis of society, and the gods were confounded with their ancestors. The transmission of life to a son was only the passage of Agni, divine fire, fertile principle capable of perpetuating life, and making the spirits of the dead reappear—the first basis of spiritualism. The worship of woman was carried to the highest degree, as in feudal ages of chivalry, and this is important, because it explains how chivalry is strictly endemic, seeing that although not cultivated elsewhere, it is found in the race of the Rajpoots, the only one worthy of being compared with the cavaliers of the Holy Sepulchre. The principal aberration of this people, endemic to this day, consists in gambling away their own children, and even their personal liberty. They worshipped the forces of Nature, and their ancestors believed in the immortality of the soul, and in polytheism, subordinate to a belief in one god, master of all, and in the idea of bargaining between him and man.

(2) The Brahmin civilisation originated in the basin of the Ganges, where the laws of Menon were promulgated as they still exist. Brahminism dethroned woman; she became thenceforward almost a servant, and she was condemned to follow her dead husband to the funeral pyre.

(3) Buddhism, which prevailed from the fifth century B.C., exhibited fetishism at its highest point—the separation from the world, and, as a supreme hope, the destruction of form, that is to say, man's personality, and absorption into the state of Nirvana. As asceticism favoured its development, India was in time covered with monasteries and dervishes.

(4) Then, in the course of centuries, the Neo-brahmistic period was marked by the endemic renewal of that chivalry which the Brahmins had ultimately suppressed.

(5) During the Indo-Mussulman period, fertile in refinement and the sciences, the chivalric race of the Rajpoots flourished unchanged.

(6) The so-called modern period was characterised not only by the same chivalric organisations, but by endemic fatalism—the belief in unavoidable destiny.

Mental life passes in the masses without optimism or pessimism—the two extremes of feeling which in other races give rise to most disorders of the mind. The Indians suffer without complaint. Suicide—that gauge of human pessimism

—is infrequent. The greatest sceptics will kiss Buddha's feet, and completely opposite dogmas exist in perfect harmony. Religious and intellectual revolutions are exceedingly rare. While, however, the results of spiritual excitement are wanting, there are chronic endemics crystallised under the form of numerous sects, along with perfect tolerance. True epidemics do not occur, or rather they are concealed by psychical customs, amidst which mental aberrations would only be noticed by comparison with the members of other races. If the Indians marry Europeans, the tendencies which in them are normal, but in us would be morbid, break out. Long ago the ancient Aryans understood this danger and forbade marriages with strangers. Thus the half-breeds resulting from such marriages constitute a race of a degenerate type. Similarly, the climate and soil of China are only adapted to the preservation of the mentality of its own children.

The priests of Baïgns, when a tiger has eaten human flesh, think that the demon in it is mingled with the soul of the victim, and exorcise it in order to drive out the souls, and to this end begin to gesticulate, howl and whirl rapidly round, until thus intoxicated, they believe themselves transformed into tigers. They then throw themselves upon a goat, tearing its flesh with their teeth. They then show themselves covered with blood to the applauding public.

The belief in witchcraft exists among the Nilgerris, who see in the Karommbas, the inhabitants of marshy places, wizards gifted with supernatural power. These they implore to relieve them of their evils, which the Karommbas do by raving and whirling round and round until they fall to the ground.

On the whole, the Indians in their mosaic, offer to us a still unexhausted preserve of primitive psychical life, a mine for those who study folk-lore, but it has not as yet developed true endemic insanity, although we witness endemics of spiritualism, chivalry, and caste, which are influenced by preponderating religious colouring.

A. TAMBURINI.

S. TONNINI.

NOTE.—Hindoo medicine, as handed down to us in systematic works which were composed at an early period, probably dating from the tenth century to the third B.C., contains interesting references to madness. In the works of Charaka and Susruta, *Unmada* comprises madness and idiocy.* The causes of the disease are

* "Review of the History of Medicine," by Thomas A. Wise, M.D., from whose work this

It will be observed that in this doctrine there are two branches, and that the drunkard's contract is either *void* for incapacity, or *voidable* for fraud, according to circumstances. Mr. Justice Buller, in his "*Nisi Prius*," said (p. 172), that under a plea of "no execution" (*non est factum*), the defendant "may give in evidence that they made him sign the bond when he was so drunk that he did not know what he did." This is an authority for the first branch of the doctrine under consideration. (Cf. *Pitt v. Smith*, 3 Camp. 33; *Cory v. Cory*, per Lord Hardwicke, 1 Ves. 19; *Gore v. Gibson*, 13 M. & W. 623.) *Lightfoot v. Heron* (3 Y. & Coll. 586) is conclusive as to the existence of the second. A. sold real property to B. At the completion of the purchase B. was drinking with C., A.'s solicitor, and acted without professional advice. The price, however, was fair, and it did not appear that either A. or C. had desired to prevent B. from employing a solicitor. Specific performance was decreed. It is clear that, if any advantage had been taken of B.'s position, the decision would have been different. Both branches of the theory are stated in the judgment of Sir W. Grant, in *Cooke v. Clayworth* (8 Ves. 12, 15): "I think," said his lordship, "a Court of Equity ought not to assist a person to get rid of any agreement or deed merely upon the ground of his having been intoxicated at the time; I say merely upon that ground, as if there was . . . any unfair advantage made of the situation, or . . . any contrivance or management to draw him into drink, he might be a proper object of relief in a Court of Equity. As to that extreme state of intoxication that deprives a man of his reason, I apprehend that even at law it would invalidate a deed obtained from him while in that condition."

The *third* and modern theory is that which was formally accepted in the leading cases of *Molton v. Camroux* (18 L. J. Ex. 68, 356),* and *Matthews v. Baxter* (L. R. 8 Ex. 132). It may be expressed in the following terms. A contract entered into by a person apparently sober, and not known, either actually or constructively, by the other contracting party, to be intoxicated, is valid if fair and *bonâ fide*, and especially if wholly or partly executed, so that the parties cannot be restored to their original position.

The facts in *Molton v. Camroux* are set out in the article on the CONTRACTS OF

* See article on the CONTRACTS OF LUNATICS, *supra*. The doctrine of *Molton v. Camroux* had previously been accepted in Courts of Equity (*Niell v. Morley* 9 Ves. 478).

LUNATICS, to which it relates, and need not be recapitulated here.

In *Matthews v. Baxter*, A. had bought houses and land of B. at a public auction. A. was at the time, and to the knowledge of B., so drunk as to be incapable of transacting business. It was held by the Court of Exchequer that A.'s contract was not void, *but voidable only*, and that he might ratify it when sober.

The *ratio decidendi* in those cases is expounded by Sir Frederick Pollock, with his wonted elegance and force. "It is obviously reasonable that one who offers to contract with a drunken man (or a madman), knowing his condition, should do so at his peril. If the drunkenness (or lunacy) be not actually or presumably known to the other party, the contract is valid; for a man who is apparently (sane or) sober cannot be supposed absolutely incapable of knowing what he is about. But except in this case the other party must be able to see that it is at least doubtful whether the man is capable of understanding the effect of a contract; if he chooses to disregard that doubt, he cannot afterwards complain of being taken at his word. He is in a manner estopped from saying that by reason of the other's incapacity there is no contract which can be made binding on either of them. The law says to them: 'You offer to contract with a man whom you have every reason to believe impossible of contracting; and if he chooses to hold you to the bargain when he comes to his right mind, it does not lie in your mouth to say there was no contract, because he did not understand what he was about. If you thought he did understand it, you cannot complain of being in the same situation as if such was the fact. If you knew he did not understand it, then (when you meant to commit a fraud by taking an unfair advantage of his condition) you were careless enough to take the risk of his repudiating the contract, or you thought the mere chance of a ratification worth having. Still less can you complain in that case that the contract is ratified instead of being repudiated. And you have the correlative benefit of being able to sue on the contract if it is ratified, or even if it is not repudiated within a reasonable time.'" (Pollock "On Contract," pp. 446, 447.)

The law of England as to the criminal responsibility of the inebriate was practically settled on its present basis in the time of Coke. It has been tacitly modified in recent years, perhaps to a greater extent than most lawyers are aware, under the influence of advancing medical knowledge and criticism; but the *criteria* of

—e.g., *delirium tremens*—was no excuse for committing a crime, unless the disease so produced was permanent. His lordship remarked that . . . it was immaterial whether the insanity was *permanent or temporary*, and added, I have ruled that if a man were in such a state of intoxication that he did not know the nature of his act, or that it was wrongful, he would be excusable."

(4) Involuntary drunkenness resulting from a temporarily diseased condition will exempt from criminal responsibility. Cf. *Reg. v. Mary R.*, 1887, per Palles, C.B. (cited by Norman Kerr, M.D., "Inebriety," 2nd edit., p. 395): "If a person," said his lordship, "from any cause—say long-watching, want of sleep, or depravation of blood—was reduced to such a condition that a smaller quantity of stimulant would make him drunk than would produce such a state if he were in health, then neither law nor common sense could hold him responsible for his acts, inasmuch as they were not voluntarily, but produced by disease."

It will be observed that this doctrine marks a decided advance on the second "allay" of Sir Matthew Hale *supra*.

(5) The law appears now to be the same where insane predisposition, and not actual physical disease, is the proximate cause of the intoxication. (Cf. *Reg. v. Mountain*, Leeds Assizes, April 1888, per Pollock, B.)

A. WOOD RENTON.

INERTIA, MENTAL (*iners*, without skill, slothful). A want of functional mental activity, sluggishness of mental action.

INFLUENCE, UNDUE. (See UNDUE INFLUENCE.)

INFLUENZA, Mental Disorder following.—(I.) In no other allied disease is the nervous system attacked in so high a degree. Throughout the complaint nervous symptoms may occur and are sometimes so prominent as to form a nervous type. Such symptoms are headache, chiefly frontal, associated sometimes with vertigo, sometimes with marked hyperæsthesia of the sense organs, more rarely with nervous vomiting; sleeplessness which is obstinate; painful muscular sensations; lastly, pains in the course of the nerves, most commonly in the trigeminus, dependent probably on neuritis. After the subsidence of the fever, other nervous disturbances though they are less common, occur. Among these are severe affections, often incurable, of the sense organs, motor disturbances, especially well-marked pareses of the ocular muscles, paralysis of the extremities, referable to degenerative neuritis. Lastly, there have

been recorded a few cases of severe organic changes in the central nervous system. Far more frequent and of much greater interest are the symptoms of intense nervous exhaustion, observed in the after-stages of influenza. These stand in no relation to the duration of the febrile stage, and such may persist for weeks. In other cases, hysterical and neurasthenic symptoms may ensue.

The psychical derangements are by no means new. They are as old as the influenza itself. In 1580, influenzal psychoses were observed, and again at the close of the last century. Bonnet (Bordeaux) reported a case of mania in 1837, and Crichton Browne in 1874, one of "acute dementia" following influenza. Recent observations show that psychoses after influenza are quite common.

Including our own and other reported cases, we reckon 54 cases, and on these we base our conclusions.

We divide the symptoms into those of febrile and post-febrile stages. Of the former fifteen cases were observed: Delirium—an acute transitory psychosis, associated with delusions and hallucinations, jubilant and noisy, or of a depressed character. From the onset this delirium is frequently adynamic. In some instances the very severe headache increases up to the height of the delirium, and is then followed by symptoms of meningitis, ending in coma and death. On post-mortem, hyperæmia of the brain and membranes is the rule; only in rare cases has meningitis been found.

The duration of the delirium may vary from a few hours to several days. It may be of remittent or intermittent type. It may be extremely difficult to differentiate between the psychosis of influenza and the delirium. Depression usually predominates. The expression of the patient points rarely to exaltation, religious ecstasy or erotomania, but more frequently to melancholia, with ideas of persecution, self-incrimination and hypochondriasis. Hallucinations are visual, auditory and tactile. Food is frequently refused in consequence of maniacal excitement, occasionally from the belief that the food has been drugged.

The temperature is as a rule raised more or less, and may reach 104 or more.

The prognosis is in general good, the mental affection disappearing in from one to a few weeks; more rarely its course is protracted. Death is to be attributed to a complication of pneumonia and cardiac weakness. Alcoholics attacked by influenza show symptoms of acute alcoholism.

will, it is hoped, assist the reader in the study of the relationship between the two factors.*

(1) Male, age 40, with insane inheritance. First attack. Date of influenza, May 3, 1890. Appearance of mental symptoms, May 17, the first being an epileptiform seizure; subsequently loss of memory, dirty habits, destructive, the symptoms being those of general paralysis—viz., unequal pupils, tongue-tremor, sluggish knee-jerks, loss of facial expression, writing very tremulous. Remains under treatment.

(2) Male, age 30. First attack; date of influenza, June 1891; mental symptoms early in August; depressed; suspected poison in his food; was excited two days before his admission, and said that God had visited him; admitted in a state of partial stupor, with refusal of food. It should be stated that before the influenza he was much reduced from over-work. Under treatment.

(3) Male, age 23. First attack; slight family history of insanity; date of influenza, April 22, 1891; he had delirium, and in the second week of May had pneumonia; mental symptoms appeared on the 22nd of this month, the form being that of acute mania; he recovered, and was discharged September 2, 1891.

(4) Male, age 27. No family history of insanity; first attack; had influenza in March 1890; was very weak afterwards and easily affected; the attack commenced almost immediately after the influenza; it assumed the form of melancholia with stupor; patient died in the hospital of acute peritonitis.

(5) Male, age 44. No insane inheritance; first attack; had influenza in the winter (1889-90), followed by bronchitis and abscess in the ear; business worry troubled him; appearance of mental symptoms in August; he had acute mania with marked exaltation; he recovered, and was discharged November 1890. In this case the influenza seemed to be the predisposing cause: the knee-jerk sluggish, as also the reaction of pupils to light. The diagnosis was (?) general paralysis.

(6) Male, age 41. No family history of insanity; influenza at Christmas 1889, and was ill with it a week; the mental symptoms appeared immediately afterwards; the symptoms being melancholia with idea of bowel obstruction, and hallucination of hearing, sight and smell; at first there were tremor of face, marked tremor of tongue, hesitation in speech; reflexes very

lively; case diagnosed as (?) general paralysis; he was discharged well September 10, 1890.

(7) Male, age 46. Not reported to be hereditary; fourth attack; influenza at the beginning of January 1890; mental symptoms commenced shortly afterwards in the form of acute mania; the three previous attacks were of the same character; patient was discharged well in August 1890.

(8) Female, age 27. No heredity; fourth attack; influenza, February 1890; mental disorder end of April; admitted suffering from acute mania in September; the three previous attacks were marked by excitement; she was discharged well in August 1891.

(9) Female, age 28. Paternal aunt insane; first attack; influenza in December 1889; became mentally affected middle of August 1890; admitted in a state of acute mania; discharged recovered in February 1891.

(10) Female, age 46. Sister died insane; first attack; influenza in the beginning of October 1890; mental symptoms immediately after; admitted with acute mania; discharged well February 1891; she was re-admitted in April, labouring under melancholia, and remains under treatment (October 1891).

(11) Female, age 24. Brother insane; first attack; influenza, December 1889; hysterical excitement in the following March; admitted in June 1890 with acute mania; from July 1890 to January 1891 mental stupor; discharged recovered May 1891. It should be mentioned that the patient suffered from over-work as well as influenza.

(12) Female, age 24. No heredity history; first attack; influenza middle of December 1889; depressed and suspicious afterwards; admitted in February 1890, with melancholia and suspicion. Discharged in January 1891 relieved, and remained lethargic and defective memory.

(13) Female, age 31. No heredity; first attack; very severe influenza, November 1890; in December became irritable and forgetful; in May 1891 was very much depressed, with tendency to stupor; hallucinations of hearing and sight; to the Convalescent Home, October 13, 1891.

(14) Female, age 36. No insane history; second attack; influenza in May 1891; mental symptoms in July; acute mania; remains under treatment; the previous attack was in May 1883 (mania).

(15) Female, age 32. (Brother committed suicide two months after influenza in July 1891.) First attack; influenza in April 1891; depression came on after in-

* We have to thank Dr. Percy Smith for permission to publish these cases, and Dr. Corner, assistant medical officer, for reporting them.

attendant is allowed to become a candidate for examination.

(3) That the system of training be by:—

(a) *Study of text-books*—the committee recommending the handbook for attendants prepared by a sub-committee of the Association in 1885. Other books at the direction of each superintendent.

(b) *Exercises*, under head, and ward attendants, to be arranged, at the discretion of the superintendents.

(c) *Clinical instruction* in the wards by the medical staff.

(d) *Lectures or demonstration* (other than ward instruction) given by the medical staff, at least twelve of which shall be attended by each attendant during his two years of training.

(e) *Periodical examination* to test progress left to the discretion of the superintendent.

(4) Scope of training should be limited to the ordinary requirements of nursing and attendance on insane patients, combined with instruction on the general features of mental disease, together with general ideas of bodily structure and function, sufficient to enable nurses under training to understand such instruction and to qualify them to render them "first aid," especially in the case of accident or injury that may arise in asylums.

With regard to **examination** it was recommended—

(1) That examinations be held twice yearly.

(2) That they should be held at individual asylums wherever there may be candidates.

(3) That they should be partly in writing, and partly *vivâ voce*.

(4) That the papers should be set by the examiners of the association who are appointed from time to time for examining medical candidates for the diploma of the association.

(5) That the examination be conducted as follows:—

The papers to be answered on the day fixed, under the supervision of the superintendent, and to be examined and valued by the superintendent and an assessor. The practical part to be conducted by the superintendent and the assessor on as early a day after the fixed day as can be conveniently arranged by the superintendent and assessor.

(6) That the assessor be the superintendent of a neighbouring asylum, the consent of the council of the association to his acting as such, having been obtained.

(7) That the candidate obtains a certificate of morality and suitability from his or her superintendent before being ad-

mitted to the examination, and that this certificate shall be sent by the superintendent and assessor to the secretaries when application is made to them for the form of certificate to be given to the candidate.

Certificates.—(1) The certificate to be in the form appended.

(2) The certificates to bear consecutive numbers, to bear the seal of the association, and to be issued and countersigned by the secretaries of the association for the division of the kingdom where they are granted.

(3) Certificates to be granted and signed by the examining superintendent and his assessor.

(4) The superintendent to send to the general secretary a list of successful candidates after each examination.

Register.—(1) That a register of candidates who have passed the examination be kept by the general secretary of the association.

(2) That in the case of misconduct on the part of a holder of a certificate, a superintendent (or, in private nursing, the medical man in charge or the employer) should be requested, by a notice on the back of the certificate, to at once transmit a report of the circumstances to the general secretary, who will lay the same before the council for consideration. The council, will, if it thinks fit to do so, direct the secretary to erase the name of the delinquent from the register.

(3) That each candidate, before receiving the parchment certificate, shall sign the appended agreement.

(4) That superintendents and other members of the association on engaging attendants who profess to be on the register should satisfy themselves that such is the case, by inquiring of the secretary.

(5) That the register be published annually in the journal, together with the names (if any) that have been erased by direction of the council.

Form of Certificate.—This is to certify that _____ has, after examination by us, shown to our satisfaction that (he or she) has attained proficiency in nursing and attendance on insane persons. Before this certificate is granted, it has been testified to us by _____, under whom (he or she) has been trained for two years, that _____'s character, conduct and aptitude have been such as to entitle (him or her) to be admitted to examination for this certificate.

Signed

_____, Examiners.

characteristics. Used as synonym of General Paralysis of the Insane, and the Monomania of Grandeur. (Fr. *folie ambitieuse*.)—**I., amenorrhoeal** (ἀ, neg.; μήν, a month; ροία, a flow). Skae's term for insanity produced by the suppression of the menstrual flow. (See MENSTRUATION AND INSANITY.)—**I., anæmic** (ἀν, neg.; αἷμα, blood). Mental disease due to pure anæmia of the brain from starvation, chlorosis or prolonged indigestion, or other causes of anæmia. Most of these cases of melancholia are of a mild type, but cases of acute mania may occur.—**I., arthritic**. (See ARTHRITIC INSANITY.)—**I., cataleptoid** (κατάληψις, a seizing; εἶδος, likeness). A form of insanity in which there is an ecstatic abstraction with more or less rigidity of the limbs. (See CATALEPSY, and STUPOR, MENTAL.)—**I., choreic**. A form of insanity commonly met with in children and young people, in which choreiform movements, often of an exaggerated type, prevail. In the acute stage of chorea there may be delirium of an inco-ordinated jerky kind (Maudsley); in cases of chronic chorea the mental affection is often depression at first, then mania with impulsive acts of violence or suicide, and in the end dementia. (Fr. *folie choréique*.) (See CHOREA AND INSANITY.)—**I., circular**. (Fr. *folie circulaire, folie à double forme*; Ger. *Circuläres Irresein* of Krafft-Ebing. (See CIRCULAR INSANITY.)—**I., climacteric**. (See CLIMACTERIC INSANITY.)—**I., communicated**. (See COMMUNICATED INSANITY.)—**I., concurrent** (con, together, with; curro, I run). Insanity caused by other diseases or diseased conditions which continue to exist—e.g., from syphilis, epilepsy, chorea, alcoholism, &c.—**I., confusional primary**. The form in which there is a rapidly developed fever with mental confusion, incoherence, slight delirium, and hallucinations, but no definite melancholia or mania.—**I., congestive**. Insanity supposed to be due to congestion of the brain substance. (Fr. *folie congestive*.)—**I., consecutive**. Insanity following and due to fevers, visceral inflammations and other internal affections.—**I., constitutional**. Insanity the result of a pre-existing physiological or pathological condition.—**I., delusional primary** (*deludo*, I play false with). That form of insanity in which there is little primary mental impairment, the mental affection being as it were naturally evolved in early life through the original constitution of the brain, which gradually develops an unsound state of mind without much preliminary explosion or brain-storm, in the shape of an attack of mania

or melancholia (Clouston). (Fr. *folie systématisée*; Ger. *primäre Verrücktheit*.)—**I., delusional secondary**. A chronic incurable form of insanity, the sequel of some acute types; persistent delusions being often present. (Ger. *secundäre Verrücktheit*.)—**I., demonomaniacal**. (See DEMONOMANIA.) (Fr. *folie démonomaniacale*.)—**I., depressive** (*depressus*, weighed down). A synonym of Melancholia. (Fr. *folie dépressive*.)—**I., dero-pathic** (δεύτερος, second; πάθος, an affection). Insanity caused by disorder of, or developmental changes in other organs than the encephalic centres.—**I., developmental** (*développer*, to unfold). A synonym of the Insanities of Puberty and Adolescence.—**I., diabetic** (διά, through; βαίνω, I run or move). The occurrence of mental disturbance in a patient suffering from diabetes mellitus. The association of insanity and diabetes has by some been regarded as merely a fortuitous one, while they at the same time deny that it can act as a causative influence; others recognise this form, but as of rare occurrence. The general form of mental disorder found with diabetes is melancholia. (See DIABETES AND INSANITY.)—**I., diathetic** (διάθεσις, a placing in order). A name given to any form of insanity which arises out of a morbid diathesis. (Fr. *folie diathésique*.)—**I., doubting**. A form of insanity, generally melancholia with suicidal tendencies, in which there is a morbid doubting and inability to make up the mind to action, even for the most trivial every-day duties. (Fr. *folie du doute*; Ger. *Grübel-sucht*.) (See DOUBT, INSANITY OF, and GRÜBELSUCHT.)—**I., egressing** (*egredior*, I pass out of, or come out of). Insanity growing out of the former disease, of which it is an exaggeration—e.g., egressing from hysteria, ecstasy, hypochondriasis, &c. (Bucknill.)—**I., emotional** (e, from; moveo, I move). Mental derangement chiefly exhibited with regard to the emotions. (See MORAL INSANITY.)—**I., epidemic** (ἐπί, upon; δῆμος, a people). Insanity generally of a hysterical type, occurring usually in women, especially in places where they are congregated in large numbers—e.g., convents, hospitals, &c. The psychosis as a rule is a hysterical development of religious enthusiasm, and marked by ideas of demoniacal possession. Epidemics of this nature are recorded by Hirsch as having occurred in Sweden in the seventeenth century, in which paroxysms of acute excitement were observed, the patients throwing themselves on the ground with the most marvellous contortions, uttering inarticulate cries and howls. Another

of the cross-examining lawyer should always be present in our mind, but never apparent in our manner.

We must recollect that lunatics who make an effort to conceal their insanity do so either in order to be released from restraint, or to avoid being placed in restraint, or because believing themselves to be persecuted they think it will be somehow worse for them if they speak of their torments. In any of these cases they know what their questioner wishes to come at. Therefore, to try and baffle them logically only produces reticence, or point-blank denial. On the other hand, kindness, frankness, and sympathy will win confidence, while a familiarity with the phenomena of mental disease by rendering us alive to the importance of slight indications, and showing us how various symptoms are associated together, will enable us in most cases to elicit what is required without producing irritation.

In doubtful cases the patient must often be seen many times. Notes should be made of each interview. One can thus go back on any trifling indication thrown out on a former occasion, and can also observe the subjects about which the patient is most ready to converse. Either persistent return to or persistent avoidance of one topic may point to delusion.

The patient should be induced to write. Many patients refer freely on paper to delusions which they will hardly communicate in conversation. Little peculiarities of written language will sometimes betray the reticent patient, and when followed up we shall find that they indicate that he attaches special meanings of his own to particular words, a symptom of advanced paranoia. When possible it is of great value to have continuous watch maintained upon a case. In this way insane habits can be discovered and manifestations which are reactive to sensory hallucinations, or which are dictated by delusion, can be observed and investigated. Careful inquiry should be made as to sleep, and the conduct at night observed. It is well known that many patients have hallucinations only at night.

How far it is possible for an individual suffering from delusions to conceal them from the observation of a skilled and careful observer may be questioned, but cases occasionally come under notice in which delusions undoubtedly exist for protracted periods undiscovered by those among whom the sufferer lives. Too much importance must not be attached in all cases to the retrospects of the insane, which sometimes indicate only the state

of mind at present subsisting; yet, taking the acts of certain patients for years, together with the delusions which they eventually openly exhibit, one can have no doubt that delusive beliefs have existed long before they were suspected. Thus, every experienced alienist will have met cases (most frequently in females) in which a singular restlessness, a perpetual change of residence and unwillingness to reside for any length of time in one place, have existed for some years before they were found to be due to the idea of persecution. The patient is followed and tormented. He or she moves to another locality. The change is probably really beneficial at the time; at any rate, there is freedom from persecution for a period. The persecution recommences, however, in the new place, and is soon followed by another move. All this time the true motive is concealed. A curious illustration of this condition is given in a case described under the misleading title of "Larvated Insanity," in the *Journal of Mental Science*, April 1886. The same observer has noted a case in which a man of great intellectual attainments, who had led an active life, was compelled to relinquish his employment in consequence of being lamed by an accident. In his retirement he was surrounded by friends who saw no change in his mental faculties, but noticed that he had acquired the odd habit of never going to the same church twice running, and also that he spoke sometimes with a curious bitterness of Jews. After some years, during which nothing was suspected, he revealed in confidence to his wife that the Jews had been annoying him ever since he gave up business, and that when he went to church, Jews came into some part of the same building and made grimaces so as to attract his attention from his prayers. Shortly afterwards a note-book was found in which he had from Sunday to Sunday recorded the annoyances to which he was subjected. Histories like this lead one to suspect that cases of successful concealment of delusion may be not infrequent.

CONOLLY NORMAN.

INSANITY, CONCEALMENT OF.
(See INSANITY, CONCEALED.)

INSANITY, EROTIC; OR, EROTO-MANIA (*jolie érotique, délire amoureuse, nymphomania, satyriasis, love melancholy, Liebeswuth*), does not constitute a special form of mental disorder having its cause and its symptoms and development always in the same manner, but it is a pathological condition which presents itself in the course of various forms of mental disease as an intermediary stage

natural selection with its necessary material, just in the same way as similar variations in form and colour must have been of sufficient frequency to furnish natural selection with its material for slowly perfecting the resemblance of the caterpillars to the twigs. But it is the greatest of possible fallacies to argue, as has been argued, from such a simple instinct as this to the causation of instincts in general. This particular instance is, indeed, a very good one to prove the competence of natural selection as the sole cause of a simple instinct, seeing that throughout the whole course of its development no single caterpillar can ever have had an opportunity of "learning by experience" the advantages of imitating the position of a twig; in so far as any caterpillar failed to imitate that position adequately, it must have failed fatally. Now, however, let us take the second of our two parallel instances. Several different species of *Sphex* display the instinct of stinging spiders, insects, and caterpillars in their chief nerve-centres, in consequence of which the victims, though not killed outright, are effectively paralysed; they are then conveyed to a burrow previously formed by the *Sphex*, and, continuing to live in this motionless state for several weeks, are at last available as food for the larvæ of the *Sphex* when these are hatched. Now, of course, the remarkable fact with regard to this instinct is that the *Sphex* only stings its prey in the nerve-centres; and, in the case where the prey is a caterpillar, no less than nine successive nerve-centres require to be successively pierced. Apparently, then, we have here an instinct of so astonishingly peculiar and specialised a kind that, if all instincts are due to natural selection acting upon congenital variations alone, this is an instinct which ought never to have come into existence; the chances must always have been infinity to one against a merely fortuitous variation conferring a tendency to sting a caterpillar in its nine nerve-centres, and nowhere else. But, in accordance with Mr. Darwin's own theory of the origin and development of instincts (which recognised the effects of "hereditary habit" in co-operating with natural selection), the difficulty presented by such cases is to a large extent mitigated. Here, for example, is his opinion on the particular case in question:—

"Please take the trouble to read on perforation of the corolla by bees, p. 425 of my 'Cross-fertilisation,' to end of chapter. Bees show so much intelligence in their acts that it seems not improbable to me that the progenitors of *pompilius* origin-

ally stung caterpillars and spiders, &c., in any part of their bodies, and then observed by their intelligence that if they stung them in one particular place, as between certain segments on the lower side, their prey was at once paralysed. It does not seem to me at all incredible that this action should have become instinctive—i.e., memory transmitted from one generation to another. It does not seem necessary to suppose that when *pompilius* stung its prey in the ganglion, it intended or knew that its prey would keep long alive. The development of the larvæ may have been subsequently modified in relation to their half-dead, instead of wholly-dead, prey, supposing that the prey was at first quite killed, which would have required much killing," &c.*

It is not without remembering the special objects of the "Dictionary of Psychological Medicine" that we have rendered this brief statement of a great issue in purely biological science. For we take it that the most important of possible questions in psychological medicine, have been raised by the raising of this issue in biological science. Whether or not the study of mental pathology in connection with heredity is henceforth to be exclusively restricted to variations, and therefore to aberrations, that are congenital; whether or not qualities of mind which are acquired by ancestral experience or individual education are in any degree transmitted to posterity; whether or not diseases of mind which have been super-induced by worry, undue strain, alcoholic or sexual excess, &c., exercise any predisposing influence of a pathological kind upon the offspring of parents thus afflicted—these are surely questions of first-rate importance to the student of psychological medicine. And if this is the case, there is no direction where his studies may be turned with so much advantage for a fair consideration of the basis of such questions as that which has been briefly indicated in the above paragraphs. Within the range of morphological science it is not at all easy to find any definite evidence to prove that natural selection has *not* been the sole cause of organic evolution, and, therefore, that congenital variations are *not* the only kind of variations which admit of being inherited. The reasons why it is very difficult to obtain such evidence from morphological sources become sufficiently apparent when we bear in mind certain general considerations,

* "Mental Evolution in Animals," pp. 301-2. See also another letter on the same subject and to the same effect, "Life and Letters of Charles Darwin," vol. iii. p. 245.

sec. 8, which enacted that the Grand Juries of the several counties should provide the necessary money for supporting wards in the county infirmaries for the reception and support of idiots and the insane, who were to be recommended and certified to by two or more magistrates of such county: sec. 12 gave the Inspectors-General of Prisons power and authority to visit and inspect all madhouses and idiot asylums, as well as gaols and prisons. Prior to this enactment no provision had been made for the maintenance of lunatics, though the County Infirmary Act had been in existence twelve years. Owing to the defective working of these clauses, we find that in 1810 the first lunacy legislation in respect to the criminal insane took place by the Act (50 Geo. III. c. 103) repealing the laws relating to prisons in Ireland, and re-enacting such provisions as had been found useful. Sec. 2 provided that every prison be furnished with rooms or cells according to its size for the reception and solitary confinement of persons of unsound mind. Sec. 69 provided that any Judge of the Superior Courts, or any two Justices of the Peace, might examine on oath into the condition of any person on his becoming insane, empowering them to issue a warrant to the keeper of the prison to detain such person "during the continuance of such insanity, in such room, cell, or other place within the precincts of the prison as he or they shall think proper, or as shall have been specially provided for the purpose." Power was also granted the keeper of a prison on his own authority to confine persons becoming insane while in prison, in any such room, cell, or place.

It was not till 1795 that we find attempts made for the adequate accommodation of the lunatic poor of Ireland. Institutions sprang into being known as Houses of Industry, two of which were located in the cities of Cork and Dublin, and the Act 55 Geo. III. c. 107, passed June 22, 1815, provided for the separate control by a distinct body of Governors of the Richmond Asylum, then being built in Dublin under the control of the Governors of the House of Industry there. These Governors were to be appointed by the Lord-Lieutenant, were not to exceed fifteen in number, and could make bye-laws, appoint and remove officers, &c. An Act 11 Geo. IV. c. 22 made it a District Asylum, and enacted that not more than 150 patients were to be received, a provision abrogated by 1 Gul. IV. c. 13. In 1817 the first General Act (57 Geo. III. c. 106), for the establishment of district asylums throughout all Ireland, was

passed. No provision was made in the Act whereby sites might be acquired whereon to build these asylums, and a special Act (1 Geo. IV. c. 98) had to be passed for this purpose in 1820. Important considerations had in the meantime presented themselves, and both Acts were accordingly repealed in the ensuing year, and their essential provisions, with others, embodied in "An Act to make more effectual provision for the establishment of Asylums for the Lunatic Poor, and for the custody of Insane Persons charged with offences in Ireland" (1 & 2 Geo. IV. c. 33), under which the existing asylums have in fact been erected. Its principal provisions were—power granted to the Lord-Lieutenant and Privy Council to erect any number of asylums for the lunatic poor for such districts as should seem expedient, these districts including one or more counties, or counties of cities, but not parts of a county or county of a city: each asylum was to contain not less than 100 nor more than 150 inmates where the district consisted of more than one county, and less than 100 and not less than 50 if of one county only; (this provision was expressly repealed by 8 & 9 Vict. c. 107 sec. 13): the funds for erecting these asylums were to be advanced out of the growing produce of the Consolidated Fund arising in Ireland, and after completion sums were to be supplied by the grand juries at the several ensuing assizes for repayment of money so advanced: power granted to the Lord-Lieutenant and Privy Council to appoint governors of such asylums as well as commissioners of general control and correspondence, not more than eight of these latter, whose duties were to be, the superintendence of erection, establishment, and regulation of all these asylums; they were chosen from the governors, and the posts were honorary: power to the Lord-Lieutenant on recommendation of these Commissioners of Control, to frame and authorise rules and regulations for the management of these asylums—these were known as the Privy Council Rules, and were to have the force of law: the sites purchased for the erection of asylums, and the asylums themselves, were to be vested in the Commissioners of Control: the grand juries of the several counties were to present at the next ensuing assizes such sums as might have become payable for maintenance, &c., this if refused could be enforced by order of Court: provision for the annual audit of accounts by the governors; returns of number of patients admitted and discharged, and number and names of the officers and

The Rules and Regulations of the Privy Council for the Central Criminal Asylum have under this Act the force of law. The principal of these are the following: The inspectors are to visit this asylum at least once a month, separately or together (sec. 1), and at each monthly visitation shall make note of the health, &c., of the patients for Government information (sec. 2); all complaints are to be investigated by them, officers may be suspended if necessary, and a report sent to the Lord-Lieutenant (sec. 3); an annual report is also to be sent by them to the Lord-Lieutenant, as to the general state of the institution, &c., and on the recovery of a lunatic they are to submit a full report of the case to the Chief or Under Secretary (sec. 4). Lunatics charged with minor offences, and transferred from district asylums to the Central Asylum, shall, at the discretion of the Lord-Lieutenant, and on the report of the inspectors, be liable to be sent back to the institutions from which they came.

The Act regulating Private Lunatic Asylums in Ireland is the 5 & 6 Vict. c. 123, amended in some few particulars, and made perpetual, by 38 & 39 Vict. c. 67, and also amended as to the office of inspectors by 8 & 9 Vict. c. 107. By its provisions it is unlawful for a person to keep a house for the reception of two or more insane persons without a licence for every house so kept (sec. 3), which licence is for each county to be issued by the justices of the peace of that county assembled in Quarter Sessions (sec. 4). A new licence may be granted to another person, or for another house, in the same county in the event of licensee's ill-health, destruction of the house by fire, or other event, under the same provisions as in the case of granting a licence, notice of the cause of change being given to the Clerk of the Peace within seven days after its occurrence (sec. 12). A licence may be revoked by the Lord Chancellor on recommendation of the inspectors, notice of such revocation having been made in the *Dublin Gazette*, and coming into effect within three calendar months, the inspectors being bound to give seven days' notice to the licensee before transmitting the recommendation to the Lord Chancellor (sec. 13). For the purpose of receiving a patient into a licensed house, an order in the prescribed form, and a medical certificate signed by two medical practitioners, also in the prescribed form, are necessary. If signed only by one and not by two medical men, the reason must be given, and the patient may be admitted, but a second

medical signature is necessary within fourteen days of the first signature. The Act 5 & 6 Vict. c. 123, s. 18, provides for the proper medical visitation of every licensed house not kept by a medical practitioner; this must take place once a fortnight (but by sec. 19 permission may be obtained in case of a house licensed to receive less than eleven patients, for this visitation to be made once in four weeks), and the medical officer, whether resident or visiting, shall once in every fortnight at least, make and sign a statement in a medical journal according to prescribed form (Schedule G.), which is to be laid before the visiting inspectors for inspection and signature. One of the Inspectors of Lunatics is authorised to visit every licensed house in Ireland once at least every six months (sec. 20), to inspect every part of the house included in the licence, and to see every patient, inquire into restraint exercised, inspect the certificates of admissions since last visit, and enter in a book kept for the purpose a minute as to such investigation and inspection, and if the visit is the first after the granting or renewal of a licence, the licence is to be seen and signed.

Fraudulent concealment of any part of a licensed house, or of a patient therein, from the inspector or medical visitant, constitutes a misdemeanour (sec. 24). If the inspector doubts the propriety of detention of any patient, he may specially inquire into his mental state, and if further consideration be requisite he shall make a minute thereof in the patients' book (sec. 27), and make a special visit accompanied by the principal medical officer of the nearest district asylum; and if after two such special visits (a period of not less than fourteen days elapsing between each, and a notice being posted to the proprietor fourteen days before the second visit, and, if possible, to the person who signed the order, or the notice being entered in the patients' book at the first visit), they shall come to the conclusion that the patient is unnecessarily detained, they may order his discharge, the result of their visits and the order of discharge being entered in the patients' book and signed (secs. 28-30). This power of liberation by the inspector does not extend to Chancery patients, patients confined by order of the Lord-Lieutenant, or of any criminal court, a report to the Lord Chancellor or the Chief Secretary being all the power he has in such cases (sec. 31). The statutory certificates are requisite where a single patient is received into a house, excepting in the case of a lunatic residing with a guardian or relative

Omitting mention of the smaller asylums, we must notice those at Reggio-Emilia, Imola, Voghera, Mombello, Como, St. Clemente, Novara, Verona, and, lastly, that at Florence. Thus, Italy, though she has not yet reached the ideal of seeing all her provinces provided with asylums, has gradually established a very large number of them, especially in her northern and central districts. The scientific study of psychology naturally developed beside the perfected institutions for lunatics. In 1830 the first Italian treatise on psychology was written by Dr. G. B. Fantonetti, while a similar work by Dr. Luigi Ferrarese appeared in 1823. At this time is to be noticed the opening of the first clinical institution in Italy, at Florence in 1840, under the supervision of Bini, and of another at Turin, in 1850, under Stefano Bonacossa. The first publications of Andrea Verga, whose beloved and well-known name is a great honour to the study of psychology in Italy, appeared in 1841. The merit of having originated the "Record of Mental and Nervous Diseases" at Milan belongs to him, as well as that of having founded the "Società freniatria Italiana." Nor must the name of Castiglioni and his "system of anatomy" be forgotten. The name of Biagio G. Miraglia, director of the Aversa Asylum since 1842, also became famous in Italy, although this scientific man had a system of phrenology not altogether in accordance with recent psychological discoveries. The well-known names of Porporati and Balardini also deserve mention, especially the latter, who, in 1844-5, waged war against the harsh enactments against "la pellagra" in Lombardy. In 1846, Biffi, now a celebrated doctor of the insane, commenced his career with excellent physiological writings.

During the second half of the century, while Italy was being provided with fine asylums, the activity of scientific men in the department of psychology continued to increase.

By the middle of the century clinical institutions were already in existence at Florence and Turin. To these establishments others were soon added, one, at first under the management of Livi, at Siena; another at Bologna, in 1860; then one under Lombroso at Pavia, and another at Naples in 1863, which was suppressed at the end of one year, only to be re-opened some years later under Professor Buonomo. Professor Andrea Verga lectured on psychology at the Ospedale Maggiore, in Milan, from 1866 until a few years ago. In 1867 a clinical institution in charge of

Professor Tebaldi, was started at Padua; and shortly afterwards Girolami assumed the control of one in Rome, and Livi of another at Modena in 1874, which was annexed to the Reggio Emilia Asylum. This establishment has the universally admitted honour of having largely contributed to the development of experimental psychology in Italy. The college at Reggio soon became the laboratory for those experimental studies, where men, who have been an honour to Italian science, attacked the most difficult problems with research and objective observation. First among these was Professor Tamburini. He not only continued Livi's work at Reggio Emilia, but also perfected it, both in the asylum by clinic teaching, and (outside) by the publication of that important psychological record "*La Rivista sperimentale di freniatria e di Medicina legale*." This work, thanks to the labours of Tamburini himself, and of his colleagues Seppilli, Riva, Buccola, Amadei, Tanzi, Marchi, Belmondo and others, is one of the first in Europe. Turin, at the same time, became another important centre for psychological study, partly owing to the assistance of a clinical institution there under the control of Morselli for some years, but especially because it afforded an opportunity to Lombroso and his colleagues to show what Italy could afford as the propounder of the newest laws of sociology and criminal anthropology.

The clinical institution at Pavia became another important centre, for it has always been fortunate in possessing celebrated professors of clinical psychology; Lombroso first, then Tamburini, and lastly Raggi.

During the early stages of the study of psychology in Italy, this progress and activity of scientific men were almost exclusively confined to the northern and central provinces. However, in the last decade, a remarkable advance is noticeable even in southern Italy and Sicily. Asylums have sprung into existence at Naples, Nocera Inferiore, Girifalco, Teramo, as well as the private Villa di Salute at Palermo, and other private asylums of less importance.

The clinical institution at Naples is worth notice. Reformed by Buonomo in 1883, it became a scientific institution of the first rank; Professor Bianchi under Buonomo's guidance became the leading spirit there, and has since succeeded him as its chief.

We now proceed to give a brief account of Italian asylums, and of the methods of treatment employed in them, regretting

nations have, with regard to criminal lunatic asylums, she is now seeking to solve this problem. There are already institutions partly devoted to this purpose at Ambrogiana, Montelupo, Fiorentino, and Aversa. Beltrani Scalia is at the head of the Government department which regulates Italian prisons. He is an enlightened philanthropist, who devotes much of his time to the study of anthropological and social questions. He has calculated that out of every 1000 males confined in Italian prisons, 12.25 are insane, whilst it is known that out of every 1000 males at large of fifteen years old and upwards, 1.24 are inmates of lunatic asylums.

The treatment practised in Italian asylums is most rational and humane.

The management of asylums is studied with the greatest care. All the light of

land, in great part worked by lunatics. Imola, Macerata, Aversa, St. Servolo, Florence, and Turin all possess farms, but of less importance.

A special department for idiots in the Siena asylum is worth mentioning here, as a practical institution on a scientific basis, and almost the sole attempt of this kind which has been made in Italy up to the present time. For some time past the need of an enlightened institution of this description has been felt in Italy. The opening of the first small idiot asylum at Chiavari in Liguria, must be mentioned to complete our record.

Food and general service leave nothing to be desired. Kitchens and laundries in which steam has triumphed over older systems, give our asylums the cheerful appearance of factories.

All Italian asylums do not possess that

Departments.	Italian Population, calculated Jan. 1, 1888.			Number of Patients in different Asylums and Hospitals Jan. 1, 1889.		
	Males.	Females.	Total.	Males.	Females.	Total.
Piedmont . .	1,614,289	1,617,661	3,231,950	1,270	1,114	2,384
Liguria . .	461,877	467,859	929,736	628	599	1,227
Lombardy . .	1,988,869	1,928,963	3,917,832	2,063	1,924	3,987
Venice . .	1,522,093	1,495,296	3,017,389	1,266	1,677	2,943
Emilia . .	1,174,543	1,128,452	2,302,995	1,567	1,462	3,029
Tuscany . .	1,191,247	1,148,850	2,340,096	1,301	1,262	2,563
Marche . .	495,126	504,080	999,206	598	521	1,119
Umbria . .	315,336	296,785	612,121	297	182	479
Lazio . .	507,271	452,918	960,189	630	444	1,074
Naples . .	3,975,452	4,062,734	8,038,186	1,558	910	2,468
Sicily . .	1,610,413	1,582,086	3,192,499	626	382	1,008
Sardinia . .	374,938	348,918	723,856	91	52	143
Whole of Italy .	15,231,454	15,034,602	30,266,056	11,895	10,529	22,424

modern science is being brought to the assistance of the insane. There are scarcely any institutions where infirmaries, departments fitted up for treatment by electricity and hydropathy, workshops, &c., do not exist.

As it is now universally recognised that work is the principal factor to be employed in a system of moral treatment, the chief asylums are now endeavouring as far as possible to afford their patients conditions suitable for those occupations with which their inmates are familiar, and have formerly practised.

The history of the lunatic asylum at Reggio-Emilia records among its most important undertakings, the formation of a real agricultural colony, initiated by Zani. It contains about 100 inmates, and possesses more than 50 "ettari" of

scientific system of study which should always be our guide in the art of healing. The "no restraint" method is partially applied, but is scarcely anywhere rigorously enforced. Only Professor Tamburini has, for some years, practised it successfully at the Reggio-Emilia asylum.

The branch of benevolence which concerns lunatics may, on the whole, be said to be vigorous and flourishing in Italy. We may add that "Società di Patronato" for lunatics have already been successfully introduced, an expression of the most enlightened civilisation.

Italy as yet possesses no laws respecting lunatics and asylums, but an excellent Bill, in accordance with the amendments proposed by the alienists assembled at Milan in October 1890, is about to be discussed in our Parliament.

as there is no proper provision for ventilation. The building is heated in cold weather by charcoal braziers, the fumes of which must, in the absence of good ventilation, combine with the waste products of respiration and transpiration to produce a highly poisonous condition of atmosphere. The patients must, moreover, suffer terribly from colds and draughts on windy days, owing to the improper character and hasty construction of the building. The most tractable of the patients are taken out for exercise every morning and evening, and to walk in a large open space in the compound. Those patients who are very violent are treated with the douche, the apparatus for which stands at the rear of the sheds. They are also tied up with ropes till the paroxysm is over. There is accommodation for fifty patients in the asylum, which is always full, the superintendent having had to refuse several applications for admittance. I was told that the mortality in this department is very high."

The foregoing of course relates to a period of transition in Japanese progress, and it is only fair to add that we are assured on good authority that lunacy has since received its due share of the attention which has raised Japanese medical science in general to the high position it has won with such phenomenal rapidity during the last fifteen years. Unfortunately there is no available information that enables us to offer details as to the present methods of care and study of the insane, and neither the periodical reports of the Central Sanitary Bureau nor the calendars of the Tokyo University allude to the subject. THE EDITOR.

JEALOUSY as a Symptom of INSANITY.—Jealousy is primarily associated with the sexual passion, and is a compound of fear of loss of a possession, associated with a feeling of depression due to wounded self-love.

It is a natural feeling, and stimulates the males to fight, and thus has aided in the struggle for existence, leading to the survival of the fittest. Like the other normal feelings, it may become disordered in degree or in relation, being unreasonable in amount, or arising altogether from false ideas.

It may occur alone as a symptom of insanity, or combined with other evidences of mental disorder.

It is more common in women than in men, and may occur in them in connection with marriage engagements, under puerperal conditions and at the menopause.

Insane jealousy may be aroused in rela-

tion to the marriage partner, to children, or to friends.

We shall now proceed to discuss it in more detail under the above heads.

It occurs in young and unmarried women and widows often without any grounds. A single woman dwells upon her singleness and wishes she were married; she then fixes her regards on some man, and is at once in an attitude of expectant attention, which induces her to see in every indifferent act a meaning or a suggestion which was never intended. If the man happens to be married or engaged, the jealousy may lead to serious social troubles, and may give rise to attempts at murder. The famous case of a lady now at Broadmoor is an example. She believed a doctor wished to marry her, and she found that his wife was fond of chocolate creams, and most ingeniously managed to introduce poisoned creams into the stock from which the doctor's wife bought her sweets, and poisoned several children, though the intended victim escaped.

False accusations may be made as to seduction and the like in these cases. Such cases are allied to hysteria. With widows similar ideas may arise.

During pregnancy and after delivery, ideas of the same kind may occur; during pregnancy it is common for the lower animals to shun the males, and in woman a like feeling may arise. Then, as so often occurs in the neurotic, the feeling of personal aversion is transferred, so that the wife believes that the coldness is on the part of her husband. She then seeks for evidence, and again expectancy conjures up the thing she dreads. A servant or a sister is suspected, and misery and suicide, or attempts at homicide may follow.

In some such cases and in those belonging to the next section, mothers may murder all their children to spite a father, or to spare them from contamination.

After delivery, there may occur various perversions of the sexual instincts, so that in one case erotic desire is manifested, and in another dislike to husband, or suspicion or dread of him arises. The development of this insane jealousy resembles that in the cases of pregnancy. Though insane jealousy in married women may occur at any age, we believe it is most common about the climacteric. At this period there may be a revival of desire (and also of reproductive power), which is not easily satisfied, and which may cause the wife to believe that she is neglected for some other woman, or a feeling of antipathy to the husband may arise, which becomes mis-

†Whether first attack.

Age on first attack.

When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind.

†Duration of existing attack.

Supposed cause.

Whether subject to epilepsy.

Whether suicidal.

Whether dangerous to others, and in what way.

Whether any near relative has been afflicted with insanity.

Names, Christian names, and full postal addresses of one or more relatives of the patient.

Name of the person to whom notice of death to be sent, and full postal address if not already given.

Name and full postal address of the usual medical attendant of the patient.

When the petitioner or person signing an urgency order is not the person who signs the statement, add the following particulars concerning the person who signs the statement.

[Signed]

Name, with Christian name at length.

Rank, profession, or occupation (if any).

How related to or otherwise connected with the patient.

FORM 3.

Section 6.

Order for reception of a private patient to be made by a Justice appointed under the Lunacy Act, 1890, Judge of County Courts, or Stipendiary Magistrate.

I, the undersigned *E.F.*, being a Justice for specially appointed under the Lunacy Act, 1890 [or the Judge of the County Court of or the Stipendiary Magistrate for], upon the petition of *C.D.*, of¹ in the matter of *A.B.* a lunatic,² accompanied by the medical certificates of *G.H.* and *I.J.* hereto annexed, and upon the undertaking of the said *C.D.* to visit the said *A.B.* personally or by some one specially appointed by the said *C.D.* once at least in every six months while under care and treatment under this order, hereby authorise you to receive the said *A.B.* as a patient into your asylum.³ And I declare that I have [or have not] personally seen the said *A.B.* before making this order.

Dated

[Signed]

E.F.

A Justice for appointed under the above-mentioned Act, [or The Judge of the County Court of or a Stipendiary Magistrate.]

To⁴

¹ Address and description.
² Or an idiot or person of unsound mind.
³ Or hospital or house or as a single patient.
⁴ To be addressed to the medical superintendent of the asylum or hospital, or to the resident licensee of the house in which the patient is to be placed.

FORM 4.

Section 11.

Form of urgency Order for the reception of a private patient.

I, the undersigned, being a person twenty-one years of age, hereby authorise you to receive as a patient into your house¹ *A.B.*, as a lunatic,² whom I last saw at on the³ day of 18 . I am not related to or connected with the person signing the certificate which accompanies this order in any of the ways mentioned in the

¹ Or hospital or asylum or as a single patient.
² Or an idiot or a person of unsound mind.
³ Some day within two days before the date of the order.

* Husband, wife, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law, partner, or assistant.
 * See Form 2.
 Describing the asylum, hospital, or house by situation and name.

margin.⁴ Subjoined [or annexed] hereto⁵ is a statement of particulars relating to the said *A.B.*
 [Signed] Name and Christian name at length.
 Rank, profession, or occupation (if any).
 Full postal address.
 How related to or connected with the patient.
 [If not the husband or wife or a relative of the patient, the person signing to state as briefly as possible:—1. Why the order is not signed by the husband or wife or a relative of the patient. 2. His or her connection with the patient, and the circumstances under which he or she signs.]

Dated this _____ day of _____ 18 ____ .
 To _____ the
 asylum [_____ hospital or resident licensee of the
 house].

Section 8.

FORM 5.

Certificate as to Personal Interview after Reception.

I certify that it would be prejudicial to *A.B.* to be taken before or visited by a justice, a judge of county courts, or a magistrate.

[Signed] *C.D.*,
 Medical Superintendent of
 the _____ Asylum or
 Hospital or Resident Medical
 Practitioner or Attendant of
 the _____, or Medical
 Attendant of the said *A.B.*

Section 8.

FORM 6.

Notice of Right to Personal Interview.

Take notice that you have the right, if you desire it, to be taken before or visited by a justice, judge of county courts, or magistrate. If you desire to exercise such right, you must give me notice thereof by signing the enclosed form on or before the _____ day of _____

Dated _____ [Signed] *C.D.*
 Superintendent of the
 _____ Asylum or Hospi-
 tal or Resident Licensee of
 _____ [or as the case
 may be.]

Section 8.

FORM 7.

Notice of Desire to have a Personal Interview.

Dated _____
 [Address]
 I desire to be taken before or visited by a justice, judge, or magistrate having jurisdiction in the district within which I am detained.
 [Signed]

FORM 8.

*Certificate of Medical Practitioner.*Sections 4,
11, 16, 23, 24.

In the matter of *A.B.* of¹ in the county² of
³, an alleged lunatic.

I, the undersigned *C.D.*, do hereby certify as follows:

1. I am a person registered under the Medical Act, 1858, and I am in the actual practice of the medical profession.

2. On the day of 18 , at⁴ in the county⁵ of
[separately from any other practitioner],⁶ I personally examined
the said *A.B.*, and came to the conclusion that he is a [lunatic, an idiot, or
a person of unsound mind] and a proper person to be taken charge of and
detained under care and treatment.

3. I formed this conclusion on the following grounds, viz.:—

(a) Facts indicating insanity observed by myself at the time of
examination,⁷ viz.:—

(b) Facts communicated by others,⁸ viz.:—

[If an urgency certificate is required it must be added here. See Form 9.]

4. The said *A.B.* appeared to me to be [or not to be] in a fit condition of
bodily health to be removed to an asylum, hospital, or licensed house.⁹

5. I give this certificate having first read the section of the Act of
Parliament printed below.

Dated

[Signed] *C.D.*, of¹⁰

Extract from section 317 of the Lunacy Act, 1890.

Any person who makes a wilful misstatement of any material fact in
any medical or other certificate or in any statement or report of bodily
or mental condition under this Act, shall be guilty of a misdemeanor.

¹ Insert residence of patient.
² City or borough, as the case may be.
³ Insert profession or occupation, if any.
⁴ Insert the place of examination, giving the name of the street, with number or name of house, or should there be no number the Christian and surname of occupier.
⁵ City or borough as the case may be.
⁶ Omit this where only one certificate is required.
⁷ If the same or other facts were observed previous to the time of the examination, the certifier is at liberty to subjoin them in a separate paragraph.
⁸ The names and Christian names (if known) of informants to be given, with their addresses and descriptions.
⁹ Strike out this clause in case of a private patient whose removal is not proposed.
¹⁰ Insert full postal address.

FORM 9.

Sections 11,
28.*Statement accompanying Urgency Order.*

I certify that it is expedient for the welfare of the said *A.B.*, [or for the public safety, as the case may be] that the said *A.B.* should be forthwith placed under care and treatment.

My reasons for this conclusion are as follows: [state them].

FORM 10.

Section 24.

Certificate as to pauper Lunatic in a Workhouse.

I, the undersigned medical officer of _____ workhouse of the
 Union hereby certify that I have carefully examined into
 the state of health and mental condition of *A.B.*, a pauper in the said
 workhouse, and that he is in my opinion a lunatic, and a proper person to
 be allowed to remain in the workhouse as a lunatic, and that the accom-
 modation in the workhouse is sufficient for his proper care and treatment
 separate from the inmates of the workhouse not lunatics [*or, that his con-
 dition is such that it is not necessary for the convenience of the lunatic or
 of the other inmates that he should be kept separate.*]

The grounds for my opinion that the said *A.B.* is a lunatic are as
 follows :

Dated

[Signed]

Medical Officer of the Workhouse.

Section 24.

FORM 11.

Order for detention of Lunatic in Workhouse.

I, the undersigned *C.D.*, a justice of the peace for _____, being
 satisfied that *A.B.*, a pauper in the _____ workhouse of the
 is a lunatic [*or idiot or person of unsound mind*] and a proper person to
 be taken charge of under care and treatment in the workhouse, and being
 satisfied that the accommodation in the workhouse is sufficient for his
 proper care and treatment separate from the inmates of the workhouse
 not lunatics [*or, that his condition is such that it is not necessary for the
 convenience of the lunatic or of the other inmates that he should be kept
 separate*] hereby authorise you to take charge of, and, if the workhouse
 medical officer shall certify it to be necessary, to detain the said *A.B.* as
 a patient in your workhouse. Subjoined is a statement of particulars
 respecting the said *A.B.*

[Signed]

C.D.,
 A justice of the peace
 for

Dated

To the Master of the
 Workhouse
 of the

Statement of Particulars.

Name of patient and Christian name at length.

Sex and age.

Married, single, or widowed.

Condition of life and previous occupation (if any).

Religious persuasion as far as known.

Previous place of abode.

Whether first attack.

Age (if known) on first attack.

When and where previously under care and treatment.

Duration of existing attack.

Supposed cause.

Whether subject to epilepsy.

Whether suicidal.

Whether dangerous to others.

Whether any near relative has been afflicted with insanity.

Name and Christian name and address of nearest known relative of the
 patient and degree of relationship if known.

I certify that to the best of my knowledge the above particulars are
 correct.

[To be signed by the relieving-officer.]

FORM 12.

Section 16

Order for reception of a Pauper Lunatic or Lunatic wandering at large.

I, *C.D.*, having called to my assistance *E.F.*, of _____, a duly qualified medical practitioner, and being satisfied that *A.B.* [*describing him*] is a pauper in receipt of relief [*or in such circumstances as to require relief for his proper care and maintenance*], and that the said *A.B.* is a lunatic [*or an idiot, or a person of unsound mind*] and a proper person to be taken charge of and detained under care and treatment, *or that A.B. [describing him] is a lunatic, and was wandering at large, and is a proper person to be taken charge of and detained under care and treatment, hereby direct you to receive the said A.B. as a patient into your asylum [or hospital, or house].* Subjoined is a statement of particulars respecting the said *A.B.*

[Signed] *C.D.*,

A justice of the peace for

Dated the _____ day of _____ one thousand eight hundred and _____

To the superintendent of the asylum for the county [*or borough*] of _____
 [*or the lunatic hospital of _____; or E.F.*]
 proprietor of the licensed house of _____; describing the asylum,
 hospital, or house].

Note.—Where the order directs the lunatic to be received into any asylum, other than an asylum of the county or borough in which the parish or place from which the lunatic is sent is situate, or into a registered hospital or licensed house, it shall state, that the justice making the order is satisfied that there is no asylum of such county or borough, or that there is a deficiency of room in such asylum; or (as the case may be) the special circumstances, by reason whereof the lunatic cannot conveniently be taken to an asylum for such first-mentioned county or borough.

Statement of Particulars.

STATEMENT of particulars referred to in the above or annexed order.

The following is a statement of particulars relating to the said

*A.B.*¹ :—

Name of patient, with Christian name at length.

Sex and age.

†Married, single, or widowed.

†Rank, profession, or previous occupation (if any).

†Religious persuasion.

Residence at or immediately previously to the date hereof.

†Whether first attack.

Age on first attack.

When and where previously under care and treatment as a lunatic,
idiot, or person of unsound mind.

†Duration of existing attack.

Supposed cause.

Whether subject to epilepsy.

Whether suicidal.

Whether dangerous to others, and in what way.

Whether any near relative has been afflicted with insanity.

Union to which lunatic is chargeable.

Names, Christian names, and full postal addresses of one or more relatives of the patient.

Name of the person to whom notice of death to be sent, and full postal address if not already given.

[Signed] *G.H.**To be signed by the Relieving-Officer or Overseer.*

¹ If any particulars are not known, the fact is to be so stated. [Where the patient is in the order described as an idiot omit the particulars marked †].

Section 38.

FORM 13.

Certificate that patient continues of unsound mind.

I, _____, certify that A.B., the patient [or A.B., C.D., &c., the patients] to whom the annexed report relates, is [or are] still of unsound mind, and a proper person [or proper persons] to be detained under care and treatment.

[Signed]

Medical superintendent or resident medical officer of the asylum, or superintendent of the hospital or resident medical practitioner or medical attendant of the house situate at _____, or medical practitioner visiting the said A.B.

Dated _____

Section 229.

FORM 14.

Consent to the admission of a boarder.

We hereby sanction the admission of A.B. as a boarder into _____ for the term of _____ from the _____ day of _____ in accordance with the provisions of the statute and in terms of A.B.'s application.

[Signed]

Two of the Commissioners in Lunacy.

[or Two of the justices for _____.]

Dated the _____

day of _____ 18 .

Section 13.

FORM 15.

Order for Reception of a Lunatic not under proper care and control, or cruelly treated or neglected, to be made by a Justice appointed under the Lunacy Act, 1890.

I, the undersigned C.D., being a Justice for _____ specially appointed under the Lunacy Act, 1890, having caused A.B. to be examined by two duly qualified medical practitioners, and being satisfied that the said A.B. is a lunatic not under proper care and control [or is cruelly treated or neglected by the person having the care or charge of him], and that he is a proper person to be taken charge of and detained under care and treatment, hereby direct you to receive the said A.B. as a patient into your asylum [or hospital or house]. Subjoined is a statement of particulars respecting the said A.B.

(Signed)

A justice of the peace for _____ appointed under the above-mentioned Act.

Dated _____

To the Superintendent of the Asylum for _____, or of the lunatic hospital of _____, or the resident licensee of the licensed house at _____.

Note.—Where the order directs the lunatic to be received into any asylum, other than an asylum of the county or borough in which the parish or place from which the lunatic is sent is situate, or into a registered hospital or licensed house, it shall state, that the justice making the order is satisfied that there is no asylum of such county or borough, or that there is a deficiency of room in such asylum; or (as the case may be) the special circumstances, by reason whereof the lunatic cannot conveniently be taken to an asylum for such first-mentioned county or borough.

Statement of Particulars.

STATEMENT of particulars referred to in the above or annexed order.

The following is a statement of particulars relating to the said A.B.¹ :—

Name of patient, with Christian name at length.

Sex and age.

†Married, single, or widowed.

†Rank, profession, or previous occupation (if any).

†Religious persuasion.

Residence at or immediately previous to the date hereof.

†Whether first attack.

Age on first attack.

When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind.

†Duration of existing attack.

Supposed cause.

Whether subject to epilepsy.

Whether suicidal.

Whether dangerous to others, and in what way.

Whether any near relative has been afflicted with insanity.

Union to which lunatic is chargeable.

Names, Christian names, and full postal addresses of one or more relatives of the patient.

Name of the person to whom notice of death to be sent, and full postal address if not already given.

[Signed]

To be signed by the relieving-officer, overseer, or other person on whose information the order is made.

¹ If any particulars are not known, the fact is to be so stated. [Where the patient is in the order described as an idiot omit the particulars marked†].

LEAD POISONING, MENTAL DISORDER FROM.—The toxic effects of lead on the nervous system have been recognised from the very earliest date of medical literature, Paul of Ægina referring to epilepsy and convulsions caused by lead poisoning, while Dioscorides mentions delirium produced by lead.

Aretæus speaks of epilepsy following colic, and several writers in the Middle Ages describe colic terminating in delirium, which they do not appear to have recognised as being the result of lead intoxication.

In the nineteenth century the effects of lead on the brain have been fully recognised; so that Tanquerel des Planches in 1836, described them under the term "lead encephalopathy," as being divisible into four classes. These he described as (1) delirious, (2) comatose, (3) convulsive, and (4) a delirious, comatose and convulsive form.

The conditions described by Tanquerel were those produced by very obvious, coarse intoxication, in which the association of the lead poisoning and the cerebral results was obvious; but in a paper printed in the *Journal of Mental Science* for 1880, the writer drew attention to cases in which mental disorder, of a more obscure and chronic kind, seemed to have

resulted from a minute and protracted toxic action; the mental disorder taking the form specially of chronic hallucination. Drs. Savage, A. Robertson, and Ringrose Atkins (*Journal of Mental Science*, 1880), published cases of a confirmatory character.

Dr. Bartens (*Zeitschrift*, xxxvii. Band. 1 Heft) has recorded cases collected from French and German literature.

The physiological action of lead is such as to warrant the conclusion of its special action on the nervous system.

In small, medicinal quantities (Lauder Brunton) it appears to "cause contraction of the muscular walls of the arteries, to raise arterial tension, and to slow the heart." It produces mental depression and thirst.

It checks the elimination of uric acid, and so probably produces gout. It is cumulative in the system, being found largely in the nervous tissues.

It is eliminated to a slight extent by the kidneys, in which it tends to produce cirrhotic changes, but is chiefly eliminated in the mucus of the intestinal canal.

Single poisonous doses, even when very large, would seem, from the cases recorded by Woodman and Tidy, to be rarely fatal; convulsions being the principal nervous symptom remarked.

interchanging rapidly in a few hours. These more severe cases usually show some muscular difficulties, especially awkwardness of movement of the limbs, with trembling of the face and arms.

Furious delirium of a maniacal type, accompanied by marked affection of speech with hallucinations in which those of sight predominate and associated with amaurosis, would seem to be next in the order of intensity of toxic action.

This maniacal delirium may be complicated with convulsions. Dr. A. Robertson (*Journ. Ment. Sci.*, 1880) reports such a case, the delirium lasting four days; on recovery there was complete amaurosis from atrophy of the optic disc and other retinal changes. Hammond ("Dis. of Nerv. Sys.," 1876) describes a case in which, after a few days of maniacal delirium, convulsions occurred.

Tanquerel describes cases of a comatose form, occurring suddenly without antecedent mental disturbance, especially in persons who already have some lead palsy. The coma is incomplete, as the patients can be roused momentarily.

He also describes a state of sub-delirious coma.

These states, unless they rapidly pass away, become complicated by convulsions, and this comatose convulsive form is the most dangerous. He describes limited convulsions, like those produced by electric shocks and general or epileptiform attacks.

The more gradual degeneration of the brain, by less extensive poisoning, may produce various conditions.

Dr. MacCabe (*Journ. Ment. Sci.*, 1872, p. 233) records a case of "monomania" with "depressing visceral symptoms and a fixed idea that people were whispering about her."

Dr. Monakow (*Journ. Ment. Sci.*, 1881) describes the case of a painter, aged fifty-six, who for thirty-five years had suffered from attacks of lead colic: five children, born of a healthy wife, died of convulsions. During the last ten years there was paralysis of extensors, disorder of articulation, dulness of hearing. Then ataxia, left anæsthesia (incomplete) and right hyperæsthesia. The train of mental symptoms was weakness of intellect, loss of memory, sleeplessness, maniacal disturbance, confusion of thought, delirium in which he was destructive, dirty and aggressive.

Then emaciation, loss of strength and of articulation, and death by coma in five months.

The course of the disease had in this case some resemblance to general paralysis.

In the cases recorded by the writer (*Journ. Ment. Sci.*, 1880) of the gradual evolution of hallucinations and chronic insanity, these did not differ from similar disorder produced by alcoholic tipping, except in the marked wrinkling of the face in two of the cases (a symptom dwelt on by Tanquerel) and by the greater persistence and predominance of visual hallucinations and motorial troubles (startings and tremors).

Lastly, the writer recorded (*op. cit.*) two cases in which the lead first caused gout, and in conjunction with this in one man produced symptoms closely resembling general paralysis; in the other, complicated by alcohol, there were epilepsy and anæsthesia, such as seen in profound alcoholic poisoning. Both improved with the recurrence of gout.

The **prognosis** in lead encephalopathy has been to a great extent indicated in the order of description. The cases of nocturnal delirium may recover at once; the continuous delirium, if arrested within three or four days, convalesces in a week or two; but if more protracted, convalescence may occupy two or three months, as in Dr. Savage's case (*Journ. Ment. Sci.*, 1880).

The comatose and convulsive forms are very unhelpful of mental recovery, whilst in those in which there are delirium, coma and convulsions, there is great danger of a fatal termination.

The rapid nerve degeneration produced by this poison, as illustrated in its action on the optic nerve, makes the prognosis much more grave than in similar mental states arising from other causes.

The **diagnosis** of cerebral disorder due to plumbism primarily rests on the history of exposure and of the special symptoms already enumerated.

Lead intoxication, like alcohol, follows the law of dissolution of the nervous system, from the least organised to the most organised as described by Dr. Mercier ("Coma," *Brain*, 1887), and formulated by Dr. Hughlings Jackson (*Brit. Med. Journ.*, 1889), but besides this general degeneration there are localised affections and tendency to degeneration, such as the affection of optic and motor nerves probably determined by the local functional activity in the individual, which markedly distinguish the special action of lead from alcohol, in acute poisoning.

In chronic poisoning the lead cases may present the extreme wrinkling of the face described by Tanquerel and present in two of the writer's cases.

The rapidity of permanent irrecoverable degeneration is a noteworthy charac-

exempted from liability in case the assured should "die by suicide," "commit suicide," or "die by his own hand." The construction of this proviso has sharply divided judicial opinion both in England and in America; but it is thought that the English law upon the subject may be accurately stated as follows:—

(1) When a person who is assured commits suicide in a sane mind, neither his representatives nor his assignees have any claim under the policy, even although the insurer has, by an express condition, undertaken the hazard of the suicide of the assured. Such contracts are void on grounds of public policy. (*Uf. Amicable Society v. Bolland*, 4 Bligh, N.S. 194, reversing *Bolland v. Disney*, 3 Russ. 351; *Cleaver v. Mutual Reserve Fund Life*, 39 W. R. 638, and see *Law Quarterly Review*, vol. vii. pp. 306–7.)

(2) When the assured commits suicide while in a state of unsound mind, the policy is not, *in the absence of any special condition*, rendered void thereby. (*Horn v. Anglo-Australian and Universal Family Life Insurance Co.* 1861, 30 L. J. Ch. 511.)

(3) But, when there is a condition in a life policy exempting the insurers from liability in case the assured should "commit suicide," "die by suicide," or "die by his own hand," and the assured does *voluntarily* kill himself, the policy is void whatever may have been the mental or moral state of the deceased at the time, and even if the policy has been assigned to the insurers themselves. (*Uf. White v. British Empire &c., Co.*, 1868, L. R. 7 Eq. 394. This proposition will be most easily justified by a rapid survey of the cases on which it is based. In *Borrodaile v. Hunter* (1843, 5 M. & G. 639), the policy contained a proviso terminating the risk in case the assured should die by his own hands, or by the hand of justice, or by duelling. The insured had been observed for some time to be labouring under dejection of spirits, though he performed his various duties as usual. Without any apparently direct cause, he flung himself from Vauxhall Bridge into the Thames. The defendants refused to pay the policy money, on the ground that the case came within the terms of the suicide proviso. The jury found that the deceased leaped from the bridge *voluntarily*—i.e., knowing that the result of his act would be death, and intending to bring that result about—but that at the time he did so, he was not in a state of mind capable of judging between right and wrong. Erskine, J., entered judgment for the defendants, and this ruling was supported, on appeal, by a majority of the Court of Common Pleas.

Chief Justice Tindal, however, dissented on the ground that the words "die by his own hands," being associated in the proviso with the words "die . . . by the hands of justice or by duelling," the principle *noscitur a sociis* applied, and the condition must be construed as extending to criminal acts of self-destruction alone.

The point of law that was settled in *Borrodaile v. Hunter* cannot be better stated than in the language of Erskine, J. "It seems to me that the only qualification that a liberal interpretation of the words with reference to the nature of the contract requires is, that the act of self-destruction should be the voluntary and wilful act of the man, having at the time sufficient powers of mind and reason to understand the physical nature and consequences of such act, and having at the time a purpose and intention to cause his own death by the act, and that the question whether at the time he was capable of appreciating and understanding the moral nature and quality of his purpose is not relevant to the inquiry, further than as it might help to illustrate the extent of his capacity to understand the physical character of the act itself."

In *Cliff v. Schwabe* (1846, 3 C. B. 437) the facts were as follows: Louis Schwabe effected a policy with the *Argus Assurance Co.* on his own life, subject *inter alia* to a condition that "every policy effected by a person on his or her own life should be void if such person should *commit suicide* or die by duelling or the hand of justice." Schwabe died in consequence of having voluntarily—i.e., for the purpose of killing himself—taken sulphuric acid, but under circumstances tending to show that he was at the time of unsound mind. In an action by his administratrix upon the policy, the defendants pleaded that Schwabe *did commit suicide* whereby the policy became void; and at the trial Mr. Justice Cresswell directed the jury "that in order to find the issue for the defendants it was necessary that they should be satisfied that Louis Schwabe died by his own voluntary act, *being then able to distinguish between right and wrong, and to appreciate the nature and quality of the act he was doing, so as to be a responsible moral agent*, that the burthen of proof as to his dying by his own voluntary act was on the defendants; but, that being established, the jury must assume that he was of sane mind, and a responsible moral agent unless the contrary should appear in evidence." Upon a bill of exceptions it was held by the Court of Common Pleas—not, however, without the dissent of two strong judges—Pollock, C.B., and Wight-

into other animals. Thus, in the period of fully developed lycanthropy when men, transformed into wolves, wandered through the forests, Citeus, son of Lycaon, laments the metamorphosis of his daughter into a bear, and Iphigenia at the moment of sacrifice was changed into a fawn.

But the meaning of lycanthropy continued to degenerate until more recent times, when it is known by the common people as a most mischievous, bad spirit that roams the earth at night; this is the *loup garou* of the French, called in Italy also *lupo manaro*,* *versiera*.

The native country of lycanthropy, therefore, seems to have been Arcadia, but in some sort it was endemic in other mountainous countries where there were many wolves.

For instance, Virgil (Ecl. viii. 95) speaking of another region says:—

Has herbas atque hæc Ponto mihi lecta venena
Ipse dedit Mæris; nascuntur plurima Ponto;
His ego sæpe lupum fieri et se condere silvis
Mærim, sæpe animas imis excire Sepulcris,
Atque satas aliò vidi traducere messes.

This is the fable: Lycaon, King of Arcadia, son of Titan and the earth, founder of Lycosura on Mount Lyceo, was one of the founders of the important Pelasgian race. He was the first to sacrifice human victims to Jove and was, therefore, changed into a wolf, and wandered in the woods with many others likewise transformed. Ovid says of him,

Territus ipse fugit, nactusque silentia ruris
Exululat, frustra que loqui conatur.—

Met. i. 232.

The members of Lycaon's and Antheus's families, who passed a certain river and gained the forest, became wolves, and when they recrossed this river regained their human forms. Others believe that Lycaon is the constellation of the wolf, and this may result from the existence of the constellation of the bear into which Lycaon's niece was transformed.

However this may be, in Lycaon we find three united qualities, those of wolf, king, and constellation.

Perhaps the character of wolf was a divine attribute, where the wolf represented brute force as seen in the destruction of herds in a mountainous country, and was in reality given to him who appears to have consolidated the Pelasgians and formed their first laws, inasmuch as we see his name stamped on the firmament.

We have enlarged on the mythology of lycanthropy because it affords a striking

* The *lupo manaro* of the Middle Ages was a witch dressed as a wolf. It was also a hobgoblin peculiar to the City of Blois that frightened children. The *lupo marino* was regarded as a most ravenous fish.

example of the *superstructure of psychopathology on fable*.

It is not only in the legend of Lycaon that lycanthropy is mentioned. Homer speaks of the sorceress Circe who changed Ulysses' companions into swine.

Sanctified by the lupercalian feasts of the Romans, enriched by the story of Circe, of Nebuchadnezzar, of Jonah in the oriental history, lycanthropy, however modified, found much nutriment in Christianity and forms an interesting page in the important psychological phenomenon of witchcraft.

A propos of this we refer to Bodin ("La Démonomanie ou traité des Sorciers," Paris, 1587), who connects lycanthropy with witchcraft and sorcery, from the fact that the word "ram" is used for demon, because the ram is as offensive in its habits as a demon.

Michael Verdun and Pierre Burgot, tried at Besançon in 1521, were changed after dances and sacrifices to the devil into two agile wolves, who rejoined others in the forest and coupled with them.

Bodin also mentions the lycanthrope of Padua, the famous *lupo manaro*, whose arms and legs were cut off, and were found to be covered with a wolf's skin.

The witches of Vernon often met together in 1566 under the form of cats and were dispersed and wounded. Certain women suspected of being witches were examined and found to bear the same wounds which were inflicted on them while in the form of cats.

Pierri Mamor and Henri di Colonia were undoubtedly transformed into wolves, according to the same Bodin.

Greece and Asia have always been more infested with lycanthropy than the West.

In 1542 under the reign of the Sultan Soliman there were so many *lupi manari* at Constantinople that the Sultan with an armed force drove off 150!

The Germans called them Werwolf (Währwolf). *Wer* was derived from the Teutonic word signifying *man*; in Gothic *weir*. The French termed them, *loup garous*, the Picardians, *loup varous*. The Latins called them *varios et versipelles* (*Vir*, *man*).

In Livonia at the end of December the devil called together the witches, beat them and transformed them into wolves who threw themselves on men!

For Bodin this is quite possible. Some contemporary doctors spoke of lycanthropy as a mental malady, but he shields himself behind Theophrastus, Paracelsus and Pomponius, and deems that it is absurd to attempt to compare natural with supernatural phenomena, and bravely concludes

Neuralgic affections of one or other branches of the fifth pair, as in that involving the supra-orbital, and constituting one form of the malady known as "brow-ague," is adduced as an example of a neurosis being a distinct form of ague. Several authors have described intermittent paroxysmal mania or maniacal delirium occurring in the place of an attack of ague, or as its principal symptom.

Of the form which follows ague, Sydenham, who first described it, states that acute mania tending to pass into chronic, occurs chiefly after protracted *quartans*. Sebastian, however, states that insanity occurs as frequently after attacks of *tertian* or double *quartan* type, and that, in these cases, it is more commonly of an acute delirious character, whilst after *quartan* it takes on a more chronic form, and tends to pass into stupidity or melancholia (Greenfield).

During an attack of intermittent fever there may be delirium in persons predisposed thereto, and this delirium is not always in proportion to the intensity of the fever (Lemoine and Chaumier, *Annales Med. Psych.* 1887), or there may be a condition with exhaustion analogous to the typhoid state of other acute disorders. In severe and prolonged cases of malarial disease there is a tendency to intermittent mental affections, or chronic insanity with or without paralysis. The more important mental conditions are met with as sequelæ, in persons who have passed into convalescence after a very acute or prolonged attack of malaria. These symptoms at such period may be transitory and curable, in the form of quiet delirium, melancholia with or without stupor, or simple mania with or without impulsive tendencies, or occasional outbursts of excitement. These conditions are generally considered curable. The pseudo-general paralytic type has been frequently observed. It sometimes presents most of the features of general paralysis, with mental and physical symptoms, which, although difficult to distinguish from those of general paralysis, are, nevertheless, somewhat different in their course and duration. Mentally there is frequently weak-mindedness or slight exaltation, with or without marked delusions. In one case admitted to Bethlem there was partial dementia with confusion, and in another melancholia with confusion and hallucinations of hearing. The physical symptoms may be those of nervous debility with tremors, alteration of the reflexes, or even definite symptoms of a system lesion in the spinal cord.

Dr. Osborne has described a peculiar

appearance of the margin of the tongue after attacks of malaria. This condition is termed the "malarial margin." Its colour is faintly blue, and there is marked transverse indentation or crimping, apparently confined to the submucous tissue, while the superficial integument continues smooth, moist and transparent.

The prognosis in such cases is unfavourable. They seldom terminate like general paralysis, but go on for years and die of some complication, or succumb to the advance of a degenerative lesion. Sometimes when alcohol has formed an additional factor in the causation, the case may do well. When syphilis forms a complication, recovery is rare. In one case, under observation at present (with a history of malaria and syphilis), there is partial dementia, with hallucination of hearing and lateral sclerosis of the cord. The mental symptoms on the one hand are of an intermittent type, and do not appear to advance in severity, although the disease is of four years' duration; whilst, on the other hand, the lesion in the cord is progressing unfavourably. The mental disorders occurring during an attack of malaria are generally transitory and curable, unless the malaria is of undue severity, when there is apt to be permanent instability, or a chronic form of insanity.

The diagnosis is often difficult. The periodic or intermittent nature of the mental attacks may be a guide. Sometimes one may have to distinguish between the pseudo-general paralysis following malaria, insanity with paralysis, and general paralysis.

The pathology is vague. Suggestions have been made as to the presence of micro-organisms in the blood, and the existence of pigment in the blood and vessels, but their relation to mental disorder is quite unknown.

The occurrence of a large amount of pigment granules in the blood has long been known. Meckel, Virchow, and Herschel have described them as frequently occurring after intermittent fevers. For accounts as to the mode in which the pigment is formed, the reader is referred to the paper by Virchow, "Die Pathol. Pigmente," in *Archiv für Pathol. Anatomie and Physiologie*, vol. i. art. 9; and to the work of Rokitsky, "Pathological Anatomy," *Sydenham Soc. Trans.*, vol. i. p. 204; also to the works of I. Vogel, Bruch, Henssler, Lobstein, Andral, Trousseau and Leblanc.

Breschet and Cruveilhier seem to have been the first (in 1821) to detect pigment in the blood-vessels in the form of black,

lirium Tremens (*q.v.*).—**M.**, **asthenic** (*ἀσθενής*, neg.; *σθένος*, strength). Mania in which there is a general anæmic state with nervous debility and consequent irritative excitement).—**M.**, **a temulentia** (*α*, from; *temulentia*, drunkenness). A synonym of Delirium Tremens.—**M.**, **cardiac** (*καρδία*, the heart.) A form of insanity occurring in the course of heart disease (Fr. *manie cardiaque*.) (See CARDIAC DISEASE IN THE INSANE.)—**M.**, **chronic** (*χρονικός*, pertaining to time). A condition of mental exaltation in which the acute symptoms have run into a chronic course, and in which exacerbations of restlessness, excitability, and destructiveness may occur without any marked physical objective symptoms.—**M.**, **congestive** (*congestus*, heaped up). A form of insanity characterised by marked impairment of the intellect from the beginning, with confusion of ideas and incoherence of language; the delusions are sometimes of an exalted, and at other times of a depressed, nature; there is muscular weakness and perceptive dulness. (Fr. *manie congestive*.)—**M.**, **contaminationis** (*contaminatio*, defilement). (See MYSOPHOBIA.)—**M.**, **crapulosa** (*crapula*, drunkenness). A synonym of Dipsomania.—**M.**, **dancing**. A psychopathy of hysterical origin spreading like an epidemic, being induced by imitation and sympathy, in which dancing of the most grotesque and extravagant character formed the most prominent symptom. It arose in Germany in the twelfth century, spreading thence to Aix-la-Chapelle, and from that city to the Netherlands. Occurring generally among women, the attack usually commenced with convulsions of an epileptiform character, on recovery from which the patients commenced singing and leaping about, contorting their bodies most violently, until they fell down completely exhausted, their senses all the while being apparently dead to surrounding impressions. A tympanitic distension of the abdomen accompanied by pain followed the attack, which in mild cases then terminated. In the more severe attacks a species of temporary furor would then seize the patients who dashed themselves against walls, or flung themselves into rivers. Similar quasi-maniacal attacks have been recorded as occurring among the ancients, and were subsequently common in Italy (Hirsch). (See EPIDEMIC INSANITY; JUMPERS; &c.)—**M.**, **delusional** (*deludo*, I mock at). The form of mental affection in which maniacal conduct is associated with some fixed delusion.—**M.**, **embriosa** (*ebriosus*, given to drinking). A synonym of Dipsomania.)—**M.**,

ephemeral (*ἐφήμερος*, living only a day). A rare form of mental exaltation which is sudden in its onset, acute in its character, and accompanied by incoherence, partial or complete unconsciousness of familiar surroundings, sleeplessness, and frequently a tendency towards homicide. An attack may last from an hour up to a few days. It occurs mostly in the subjects of epilepsy, or in such as are subject to the Jacksonian form of epilepsy; others are examples of the *epilepsie larvée* of Morel, the mental explosion taking the place of an ordinary epileptic fit; others are young persons with a strong neurotic heredity, and it is therefore found among hysterical girls and youths (Clouston). (See TRANSITORY MANIA.)—**M.**, **epileptiform**. (See INSANITY, EPILEPTIC.)—**M.**, **erotic**. (See INSANITY, EROTIC.)—**M.**, **feigned**. (See FEIGNED INSANITY.)—**M.**, **furiosus** (*furiosus*). A synonym of Acute Mania. The fully developed or violent stage of mania.—**M.**, **gravis** (*gravis*, heavy, serious). A synonym of Acute Delirious Mania.—**M.**, **hallucinatoria** (*q.v.*) (*hallucinari*, to wander in mind). A form of mania in which visual, auditory, olfactory, and other sense hallucinations predominate.—**M.**, **histrionic**. (See HISTRIONIC MANIA.)—**M.**, **homicidal**. (See INSANITY, HOMICIDAL; INSANITY, IMPULSIVE.)—**M.**, **hysterical**. (See MANIA, HYSTERICAL.)—**M.**, **incomplete**. A synonym of Manie Raisonnante.—**M.**, **incomplete primary**. An abnormal state of the emotions and sentiments without marked intellectual affection.—**M.**, **intermittens** (*intermitto*, lit., I send between; I leave off for a while). Mania which presents a succession of attacks during the intervals of which the patient appears well. (See MALARIA AND INSANITY.)—**M.**, **joyous**. Mental exaltation with hilarious light-heartedness. (Fr. *manie gaie*; Ger. *Chüromanie*). (See CHÆROMANIA.)—**M.**, **lactea** (*lacteus*, milky). A name given to puerperal insanity in allusion to the idea that it was caused by a metastasis of milk to the head. Also used as a synonym of Lactational Insanity. (See PUERPERAL INSANITY.)—**M.**, **melancholica** (*melancholia*). A synonym of Melancholia.—**M.**, **menstrualis**. (See MENSTRUATION.)—**M.**, **metaphysica** (*τὰ μετὰ τὰ φυσικά*). A term for a form of mental disease characterised by a fidgety questioning of the why and wherefore of everything. (Ger. *Grübel sucht*.)—**M.**, **metastatica** (*μετάστασις*, a being transformed or changed). Insanity following the arrest of an accustomed discharge, or the suppression of a rash.—**M.**, **moral**. (See MORAL INSANITY.)—**M.**, **partial moral**.

The intense activity of some one passion or propensity and its predominance or complete mastery over every other. (See **KLEPTOMANIA**; **INSANITY (EROTIC)**; **PYROMANIA**; **DIPSOMANIA**; &c.)—**ME. pellagria**. (See **PELLAGRA**.)—**ME. periodica** (*περιοδικός*, coming round at intervals). A form of mania which returns at intervals. The term has also been used as a synonym of *Folie circulaire*. (See **INSANITY, PERIODIC**.)—**ME. postmenstrualis** (*post*, after; *menstrualis*, the monthly flow). The form of insanity which occurs just after the menstrual period. (See **MENSTRUATION AND INSANITY**.)—**ME. potatorum** (*potator*, a toper). A synonym of *Delirium Tremens*.—**ME. premenstrualis** (*prae*, before; *menstrualis*, the monthly flow). The form of insanity which occurs just before the menstrual period. (See **MENSTRUATION AND INSANITY**.)—**ME. puerperal**. (See **PUERPERAL INSANITY**.)—**ME. puerperarum acuta** (*puerpera*, a lying-in woman; *acutus*, sharp). A synonym of *Insanity, Puerperal*.—**ME. reasoning** (*Fr. raison*). A synonym of *Insanity, Moral*. (*Fr. folie raisonnante*.)—**ME. recurrent** (*re*, back again; *curro*, I run). The form of mania indistinguishable in its symptoms from ordinary mental exaltation, which shows a tendency towards relapse without, as in *folie circulaire*, the intervention of some other mental disturbance. Also used by some as a synonym of *Folie Circulaire*.—**ME. senile** (*senilis*, pertaining to an old man). Mania, the result of senile arterial degeneration and brain changes, or the mental exaltation, whatever its cause, occurring in the aged.—**ME. simple** (*simplex*). A state of mental exaltation of mild character marked by restlessness, loquacity, partial loss of self-control, foolishness of conduct, &c., persisting for some time, and unattended with incoherence or marked excitability.—**ME. sine delirio** (*sine*, without; *delirium*, madness). A synonym of *Moral Insanity*. (*Fr. manie sans délire*; *folie raisonnante*.)—**ME. sthenic** (*σθένος*, strength, vigour). Mania in which there is a general hyperæmic condition with an excess of nervous energy.—**ME. suicidal**. (See **SUICIDAL INSANITY**.)—**ME. symptomatic** (*σύμπτωμα*, an occurrence). The form of mania caused by some other disease, of which it is as it were a symptom.—**ME. systematised** (*σύστημα*, an organised whole). A synonym of *Monomania*. (*Fr. manie systématisée*.)—**ME. transitoria** (*transitorius*, having a passage). (See **TRANSITORY MANIA**.)

MANIA (*Gr. μανία*) is a term which appears to have been in use from the earliest period in the history of medicine.

It has borne throughout very much its modern significance, expressed briefly in the old English synonym of furious madness. It is true that it has from time to time, most recently by Skae, been used in a sense covering every variety of insanity, but this usage has never been regarded as quite defensible, and the modern tendency certainly is to restrict the meaning of mania to a form of acute insanity having more or less definite limitations, and exhibiting certain groups of symptoms more or less distinctly marked. In this sense we use the word.

Mania calls for detailed study as one of the great types of mental disease. Not only is mania itself a common condition, but states resembling it occur as intercurrent (episodic) phases of almost every other mental affection.

Definition.—Mania may be defined as being an affection of the mind characterised by an acceleration of the processes connected with the faculty of imagination (perception, association, and reproduction), together with emotional exaltation, psychomotor restlessness, and an unstable and excitable condition of the temper.

The typical maniac presents a rapid flow of ideas, with inability to fix the attention, producing apparent or perhaps real incoherence. He exhibits unmeaning gaiety, passing into uproarious hilarity; he is constantly in motion; his temper, though variable, always tends towards excitement, and is easily roused to the extreme of fury.

The older notion that mania is a, so to speak, sthenic disease, and that its phenomena correspond to a genuine increase of functional activity, must be regarded as incorrect. The restlessness, mental and motor, of mania is rather the analogue of a discharging lesion, and is no more to be considered a sign of strength than are the perhaps forcible movements of a limb affected with spasm. Dr. Clouston has pushed this analogy to the length of calling mania *psychlampsia*. Without pursuing the comparison too far, it may suffice to point out that the highest faculties of the mind as regards intellectual matters are judgment and the power of fixing the attention. As regards affective matters, the highest faculty is what we may briefly call balance. These mental powers are essentially of the nature of inhibition, and they are precisely the powers that are in abeyance in mania. The faculties that are exalted are faculties of the lower order. The result is the characteristic loss of control, together with an unstable and excitable emotional

appetite, and all restraint is abandoned (see NYMPHOMANIA; SATYRIASIS; &c.). It is needless here to dwell upon the well-marked signs of sexual excitement, but it is of some importance to recognise the lesser conditions of this state. In milder cases a little more fondness for dress and ornament than usual, a tendency to talk on questionable subjects, and a smirking, affected manner will often give the clue to the existence of these feelings. So will, in women, a tendency to excessive love of scandal, a liability to suspect every one about them of misbehaviour, complaints of the misconduct of other women, and so forth. A tendency to protestations of the patient's personal purity, together with an over-energetic and often dirtily expressed abhorrence of uncleanness points in the same direction. In more marked conditions nestling in the hair, peeping through the fingers, and peculiar restless movements form the transition to downright indecency of gesture and act.

Closely connected with salacity, particularly in women, is religious excitement. For obvious reasons many maniacs are fond of talking of religious matters, and exalted delusions naturally often take a religious form. But, besides this, there is a large class of cases in which religious emotion occupies or seems to occupy the entire imagination. Ecstasy, as we see it in cases of acute mental disease, is probably always connected with sexual excitement if not with sexual depravity. The same association is constantly seen in less extreme cases, and one of the commonest features in the conversation of an acutely maniacal woman is the intermingling of erotic and religious ideas.

Many cases of mania exhibit a strong tendency to masturbation. The whole subject of this vice occurring in the insane is elsewhere dealt with (see MASTURBATION). It suffices here to say that the occurrence of self-abuse in acute cases is not necessarily of bad prognostic import, nor indication of any special ætiological factor. It seems in such cases to depend on a temporary exaltation of the sexual sensations and appetites with loss of control, or it is perhaps to be regarded as a primary perversion of instinct. In this light we may also probably regard certain other dirty acts of the maniacal. Most lunatics are untidy in personal habits from loss of the finer sense of propriety. Many again are dirty from negligence, but there are also cases of pseudo deliberate filthiness, which are not easy to account for unless on the supposition that the natural instincts are perverted. Such

patients will eat their own fæces, or smear their bodies and their rooms with excrementitious substances. The tendency to these disgusting forms of filthiness is often combined with sexual excitement and masturbation. This combination is particularly likely to occur in young hysterical women.

Many patients suffering from acute mania are apt to undress themselves. This habit appears to be in some cases connected with uneasy sensations in the skin (hyper- and paræsthesiæ), in some with more or less definite sexual notions (exposure, solicitation, &c.), in others it is a mere form of general restlessness. It is apt to be accompanied by a tendency to destructiveness (see DESTRUCTIVE IMPULSES).

Course of the Disease.—A so-called prodromal stage of melancholia has been described by many authors as always preceding mania, at least in cases of first attack. It is probable that the importance of this symptom has been exaggerated. No doubt we very often find a state of mental depression with or without hypochondriacal dreads occurring as a precursor to acute mania. But this is certainly in many cases the mere physiological expression of the fact that the patient is conscious of a certain illness which he may or may not recognise as chiefly affecting his mind. The consciousness of increasing loss of mental control must necessarily be an exceedingly depressing feeling. Excluding such a condition, the cases are comparatively few in which prodromal melancholia is a well-marked stage in the inception of mania.

Digestive troubles, with loss of sleep, are usually the first symptoms that attract notice. In the early stage there is very often headache. The temper becomes irritable, the patient grows restless, and after a brief period true maniacal exaltation appears. Rarely, this remains the condition throughout. More often excitement rapidly increases into typical mania, which may then, or later, pass into grave mania. These phases require brief individual consideration. In maniacal exaltation, though there is wasting, there is less bodily disturbance than in other conditions of mania. The characteristic acceleration of mental processes is present, but in a minor degree. The patient sleeps little, is restless, changeable, full of plans and projects, unable to settle down to anything, bustling, talkative, noisy, but only slightly if at all incoherent. All his acts are dictated as he imagines by distinct motives, and he is capable of giving a plausible reason for

starve goes with the starving, the powers of endurance are immensely prolonged. Nor is the psychology of this phenomenon peculiar. When the disposition for the starvation is present, when the will goes with the experiment, and when faith, by whatever it may be fanned, keeps hope and courage alive, the chances of continuance of life must be greatly increased. There is then neither wasting worry nor feverish desire for life; there is then none of that corroding fear and dread of death which so materially—we use the term in its physical meaning—favour dissolution.

Thus we should expect that men or women who voluntarily submit to starvation, and that men and women who in days of enforced starvation have most courage to endure, will endure the longest, and will recover with the greatest facility, if the chances of recovery be offered.

Fasting girls of the hysterical type, whether they succeed in secretly obtaining a small supply of food or not, are examples of this.

(2) *Sustaining Power of Water.*—A second lesson is that life may be long sustained by water alone, and that, in instances where a long period of existence is maintained on mere aqueous fluids, it is the water that sustains. In short, in a sense, water becomes a food. The knowledge of this truth is corrective of some of the most grievous and mischievous errors. Persons undergoing severe privation and fatigue, persons suffering from disease, persons suffering from repugnant dislike to animal and vegetable foods, have for long seasons been supplied with drinks of wine or of spirits and water. Forgetting the water altogether, or treating it as a thing of no consideration, they have declared—and others, even medical men, have declared for them—that they were sustained on alcohol, and therefore the alcohol was largely diluted with water. It was vain to urge that the Welsh miners, who, some years ago, were buried alive without solid food, were able to live ten days on water alone. It wanted such proofs as these we have now got to demonstrate the actual nature of the sustaining agent, and to exclude the agent alcohol, which, often obtaining all the credit, does more evil than good.

(3) *Treatment.*—A third lesson relates to the practice of treating patients who have long abstained from food. Here we may be guided by the experience gained in districts where famines most commonly prevail. Mr. Cornish, in his admirable report on a great famine in India, takes the utmost care to explain that the danger of the deficient food supply was comparatively

small when there was any sufficient quantity of moisture. So long as fruits and herbs and plants of a succulent and wholesome kind could be obtained, so long there was strictly no famine. But when the juices of fruits and other succulent vegetable supplies of water were cut off, then indeed the people were famine-stricken with a vengeance. Mr. Cornish also refers to another fact—briefly, it is true, yet still with sufficient effect to show his meaning—that when the famine-stricken had passed a certain period of time without food or drink, when they had to a large extent lost the desire for food and drink, they frequently died even when the relief came and food was carefully supplied to them. He relates that in one instance he took a sufferer to his own home, and there, with the most scrupulous care, tried to restore life and health, but without avail; and he is led to explain that there is a period in a famine when all the foods that may come in are practically useless to the persons who are in hunger and athirst, and yet do not at first sight appear likely to die. This is the secondary effect of famine on the body; but, be it observed, it only occurs when, in addition to deprivation of solid food, there is also deprivation of fluid. Let the fluid be supplied in even small quantity, and, though the emaciation may be extreme, death may be averted, and the subjection of the stomach to new and proper aliment may lead to perfect restoration of life. For insane patients who have refused food it is most important to bear this in mind.

(4) *Lessons in Economy.*—Fourthly, a lesson is rendered to economic science. When we know how little food is really required to sustain life, we may the more readily surmise how very much more food is taken by most persons than can ever be applied usefully towards sustainment. We have no compunction in asserting that, while fasting enthusiasts are subjecting themselves to considerable danger from abstinence, hundreds of thousands of persons are subjecting themselves to a slower but equal danger from excesses of foods and drinks. These keep up their experiment, and, with every vessel in their bodies strained to repletion and seriously overtaxed, continue to replete and to strain the more. If we could induce, therefore, such persons to contemplate their proceedings, and to strike a fair comparison between their own foolhardiness and that of the faster, the moral they would easily draw would not be without its worth. Unfortunately, the comparison cannot be made with effect, because the feat of excess is in the swim of fashion, while the feat

(1) **The Effect of Insanity upon the Capacity to Marry;** and

(2) **The Effect of Supervening Insanity upon a Valid Contract of Marriage, and upon the Rights, Duties, and Legal Remedies of the Contracting Parties.**

(1) **The Effect of Insanity upon the Capacity to Marry.**—The development of the present law of England as to the competency of the insane to marry is a study of peculiar interest. It seems at one time to have been held, contrary to the civil law,* but in conformity to the opinion of some of the civilians,† that the marriage of an idiot (and *a fortiori* of a lunatic) was valid, and that his children were legitimate.‡ By the middle of the 18th century a more rational rule had been clearly established. It was settled§ that idiots, being incapable of giving the consent which is the basis of marriage, were *ipso facto* incapable of marrying, and that the marriage of a lunatic was absolutely void, unless it had been contracted during a lucid interval. The statute 15 Geo. II. c. 30—extended to Ireland by 51 Geo. III. c. 57—carried the reaction against the early common law doctrine to a somewhat extreme length. It provided that the marriages of lunatics and persons under frensies (if so found by inquisition or committed to the care of trustees by any Act of Parliament) contracted before they were declared of sound mind by the Lord Chancellor or the majority of such trustees, should be totally void,|| by the operation of the statute alone, and without the necessity of any proceedings for declaration of nullity being taken in the Ecclesiastical Courts.¶ The practice which prevailed

* *Furor contrahentis matrimonium non sinit, quia consensu opus est* (Paulus, D. 23, 2, 16, 2).

† Sanchez, lib. 1. disp. 8, num. 15 *et seq.* In *Turner v. Meyers* (1808, 1 Hagg. Consist. Rep. 414), referring to this point Sir William Scott (afterwards Lord Stowell) said: "It is true that there are some obscure dicta in the earlier commentators on the law that a marriage of an insane person could not be invalidated on that account, founded, I presume, on some notion that prevailed in the Dark Ages of the mysterious nature of the contract of marriage, in which its spiritual nature almost entirely obliterated its civil character."

‡ "Un Ideot à nativitate poet consentier en marriage, et ses issues seront legitime. Trin. 3 Jac., B.R., enter Stile and West adjudge sur un special verdict, pur un petit question." Rolle's Abridg., 357, 50 (7).

§ *Morison v. Stewart*, 1745; *Cloudesley v. Evans*, 1763; *Parker v. Parker*, 1757; cited 1 Hagg. Consist. Rep. 417.

|| This Act is stated to have been passed to meet the case of Mr. Newport, the natural son of the Earl of Bradford, who left him a very large fortune, with remainder to another person.

¶ *Ex parte Turing*, 1812, 1 Ves. & Beam, 140 and note.

during the subsistence of this statute was thus clearly and concisely stated by Sir William Scott in *Turner v. Meyers*. "When a commission of lunacy has been taken out, the conclusion against the marriage will be founded on the statute; where there has been no such commission, the matter is to be established on evidence. The statute has made provisions against such marriages, even in lucid intervals, till the commission has been superseded. In other cases, the Court will require it to be shown by strong evidence that the marriage was clearly held in a lucid interval if it is first found that the person was generally insane." 15 Geo. II. c. 30, was however repealed by the Statute Law Revision Act, 1873 (36 & 37 Vict. c. 91); the lunatic so found, and the lunatic not so found, by inquisition were placed as regards their capacity to marry, on the same footing before the law, and no further legislation has occurred to complicate the subject.

By the time of Lord Stowell it was clearly recognised, and indeed insisted upon, by the Ecclesiastical Courts that marriage being a *consensual* contract* could be entered into by those persons only who were capable of *consenting*;† but till recent years, somewhat hazy and even contradictory notions have prevailed as to the nature and degree of the consent which would validate this particular contract.

It may be interesting to consider a few of these dicta in chronological order.‡ In *Turner v. Meyers* (1808, *ubi supra* at p. 418) Sir William Scott said: "We learn from experience and observation all that we can know; and we see that madness may subsist in various degrees, sometimes slight, as partaking rather of disposition or humour, which will not incapacitate a man from managing his own affairs, or making a valid contract. It must be something more than this, something which, if there be any test, is held by the common judgment of mankind to affect his general fitness to be trusted with the

* *Consensus non concubitus facit matrimonium* was the rule of the civil law. It is laid down in some of the old books (*e.g.* Collinson, 1, 555), that a marriage by a *non compos*, when of unsound mind, might be rendered valid by consummation in a lucid interval.

† *Harford v. Morris*, 1776, 2 Hagg. Consist. Rep., 423, 427; *Turner v. Meyers*, *ubi supra*.

‡ It is not here contended that our law on the question of the competency of the insane to marry can be divided into precise chronological periods; still less is it suggested that the cases in which vague or erroneous dicta were laid down, were wrongly decided. On the contrary there is, perhaps, no case upon the civil capacity of the insane under the old law, which would be disposed of differently at the present day.

Again, the capacity required by law must exist at the time of marriage. "The law," said Sir John Nicholl in *Portsmouth v. Portsmouth* (1829, 1 Hagg. E. R. at p. 359) "admits of no controversy. . . . When a fact of marriage has been regularly solemnised, the presumption is in its favour; but then it must be solemnised between parties competent to contract, capable of entering into that most important engagement, the very essence of which is consent." Two recent cases *Hunter v. Edney* (1881, 10 P. D. 93) and *Cannon v. Smalley* (1885, 10 P. D. 96) must be referred to in this connection. In *Hunter v. Edney*, the parties were married on March 17, 1881. There was clear evidence that the wife, whose mental state was in question in the suit, was in an abnormally excited and troubled condition on the morning of the marriage. She received her future husband coldly, at first refused to go to church, and was continually rubbing her hands. After the ceremony, she was with difficulty persuaded to change her dress to go away. When the newly married couple reached their apartments in London, she refused to have supper, and said that she did not want to get married and that she was false. She lay down on the bed in her clothes, and for three hours refused to undress. The marriage was not consummated. In the morning, she asked her husband to cut her throat. A medical man was called in who pronounced her to be insane, and this view was subsequently confirmed by Dr. Savage, who reported, and gave evidence at the trial, that in his opinion the patient was suffering from melancholia, owing in the first instance to hereditary insanity excited by the idea of marriage. Sir James Hannen, after carefully reviewing the facts, gave judgment as follows: "I come to the conclusion that the evidence which has been given of her manner preceding the marriage, establishes that that excitement had been set up by the idea of her approaching marriage, and *that she was not able to know and appreciate the act she was doing at that time, but that she took an entirely morbid and diseased view of it.*"

In *Cannon v. Smalley*, on the other hand, the respondent, who was married to the petitioner on January 1, 1884, and who was clearly insane ten days afterwards, was shown to have performed her usual duties until the day before the marriage, and to have written a perfectly sensible letter to the petitioner on the 28th of December 1883. Sir James Hannen said: "She was then suffering in her physical health, and it might be in this

case that physical had something to do with mental health, and that even at that date the balance of the respondent's mind was unsettled and likely to be upset; *but the question to be decided is whether it is shown to have been upset on the 1st of January 1884, the date of the marriage.*" His lordship was of opinion that the balance of the evidence was in favour of the respondent's capacity.

Durham v. Durham, the facts of which are too well-known to need recapitulation, was decided upon the same principles. Sir James Hannen held that the circumstances, which threw doubt upon the soundness of mind of the respondent, were capable of being explained, consistently with the assumption of sanity, by her natural shyness, by the fact that her affections had been given to another person, and in some measure by the conduct of the petitioner himself. His lordship also held that the inference of incapacity to which the subsequent insanity of the respondent gave rise was rebutted by the methodical and rational manner in which she made arrangements for her approaching marriage.

Without discussing the merits of these particular cases, it may be permissible to point out that the principles on which they were determined are clear. A marriage is presumed to be valid. Upon the party who alleges incapacity rests the burden of proving his assertion. The proof required is that legal capacity to marry did not exist at the time of the marriage. Supervening insanity is by no means conclusive evidence of such incapacity, even in the absence, and *à fortiori* in the presence, of positive proofs of sanity at or about the critical period. But where marked symptoms of mental unsoundness appear at the time of marriage, and shortly afterwards develop into undoubted incapacity, the Court both may and will consider whether the party whose competency to marry is in dispute was able to know and appreciate, free from the influence of morbid ideas or delusions, the nature of the contract into which he or she was entering. It is thought that these sentences contain an accurate statement of the present law of England upon this point.*

(3) Whenever from natural weakness of intellect or fear—*whether reasonably entertained or not*—either party is actually in a state of mental incompetence to resist

* The fact that, after an engagement to marry, a defendant discovers that *before* the engagement was entered into the plaintiff had for a short time been insane, is no answer to an action for breach of promise, *Baker v. Cartwright*, 1861, 30 L. J. (N. S.) C. P. 364.

Sir Charles Mordaunt applied to the Court to dismiss his petition for divorce so that he might appeal to the House of Lords and thereby open the real question requiring adjudication. The petition was accordingly dismissed, and on July 1, 1873, the case was argued at the Bar of the House, the following Common Law judges attending to assist, Kelly, C.B., Martin, B., Keating, J., Brett, J., Denman, J., and Pollock, B. At the close of the argument, on the motion of Lord Chelmsford, the following question was propounded for the opinions of the Common Law judges:—*Whether under the statute 20 & 21 Vict. c. 85, proceedings for the dissolution of a marriage can be instituted or proceeded with, either on behalf of or against a husband or wife who, before the proceedings were instituted had become incurably insane?*

The majority of the judges—Kelly, C.B., Denman, J., and Pollock, B. (Martin, B., had retired before the opinions were delivered), concurred in holding that divorce may be asked and decreed on behalf of, or against, a lunatic, the Court appointing a guardian *ad litem* for his protection. But Keating, J., and Brett, J., held that the insanity of either husband or wife is an absolute bar to divorce. In the House of Lords, Lord Chelmsford and Lord Hatherley adopted the view of the majority of the Common Law judges, and held that the wife's insanity ought not to bar or impede the investigation of the charge of adultery brought against her.*

A summary of the opposing contentions in *Mordaunt v. Moncrieffe* may be of interest and value.

Against the divorce it was argued (1) that divorce proceedings are quasi-penal, that in the criminal law every step against a prisoner is arrested by his becoming a lunatic, and that by analogy the same rule should be applied to suits for the dissolution of marriage; (2) that the Divorce Act clearly intended that the new Court should not act upon a petition until it had investigated the countercharges (if any) of condonation, connivance, or recrimination, and that for the proper determination of these charges the evidence of the respondent was indispensable; (3) that the judgment of Sir Cresswell Cresswell in *Bawden v. Bawden* (2 Sw. & Tr. 417, 31 L. J. P. M. & A. 94) was a distinct authority upon the point; and (4) that "it was so obviously unrea-

* Sir Charles Mordaunt was left at liberty to proceed with his suit for a divorce, which he in fact did. Lord Chelmsford declined to determine the question whether a lunatic can be a petitioner for a divorce. See, however, *Baker v. Baker*, 1880, 5 P. D., 142; 6 P. D., 12.

sonable that one so incapacitated (as Lady Mordaunt) should be proceeded against for adultery and convicted, and her marriage dissolved, that it could not have been intended or contemplated by the legislature."

On the other hand, in favour of Sir Charles Mordaunt's petition, it was contended (1) that adultery was not by the law of England a crime, that the Act conferred no criminal jurisdiction on the Divorce Court, and that therefore the assumed analogy, above mentioned, failed; (2) that under the Divorce Act the Court was bound to dissolve a petitioner's marriage if satisfied that his case was proved unless some countercharge was established against him; (3) that *Bawden v. Bawden* must be overruled; (4) that the evidence of the respondent was not necessarily indispensable to the proof of a countercharge, and (5) that the possibility of hardship to individuals was equally unavoidable, in whichever way the case might be decided. The language of Kelly, C.B., on the last point may be referred to, L. R. 2 Sc. & Div. at p. 381.

Within the limits of the present article it has of course been impossible to give a complete account of the respective arguments in *Mordaunt v. Moncrieffe*, but it is hoped that the above synopsis may assist students of this very complicated decision.

It cannot be too clearly pointed out and remembered that *Mordaunt v. Moncrieffe* is merely an authority for the proposition with which we have prefaced our analysis of the case.

It does not decide that the insanity of a respondent to a petition for divorce, existing at the time when an alleged act of adultery was committed, would be no defence to the petition,* and the question of how far insanity affords an answer to a charge of adultery, would in all probability be determined by "the rules in *Macnaghten's case*," applied in the emasculated form in which they now do duty in criminal cases.

(b) The lunacy of a husband or wife is not a bar to a suit by the committee for the dissolution of the lunatic's marriage (*Baker v. Baker*, 1880, 5 P. D. 142, 6 P. D. 12). But if the lunatic died after obtaining a decree *nisi* for the dissolution of the marriage, the legal personal representative could not revive the proceedings for the purpose of applying to make the decree absolute. (*Stanhope v. Stanhope*, 1886, per Cotton, L. J., 11 P. D., at p. 107.)

The supervening insanity of a husband

* We are not able to refer to any reported case in which this question has in fact arisen.

* and has usually been taught by a prurient nurse, or provoked by phimosis, or, in either sex, by neglect of cleanliness. Some kind of sexual orgasm seems to be thus inducible long before puberty, and this early vice powerfully predisposes to habitual masturbation in after years. ✓ Mothers cannot be too vigilant in detecting and correcting such practices.

(7) Masturbation in women is more frequent than is commonly supposed. It is associated not rarely with the nervous irritability, wayward fancies, and non-descript ailments of hysterical girls, and the habits, amusements, and literature of certain classes of society are too apt to encourage the vice. About the age of thirty-three, when the chance of marriage is getting faint, and again about the climacteric period, some women experience great sexual instability, of which this practice is too often the result.

While possibly less exhausting and injurious than in the other sex, it may be more frequently and easily indulged, mere friction of the thighs often sufficing to produce the erotic spasm; and it is impossible to prevent the practice by any mechanical or surgical interference. To tie the hands or enclose them in a muff sometimes answers well, but in bad cases it is futile, as friction is made against the bed, or the furniture, or even by the patient's own heel.

* (8) The treatment of masturbation must be at once moral and medical.

First and chiefly the moral sense must be awakened to the evil and the danger of the practice, and the will must be strengthened to resist the temptation which habit has intensified, and which inclination and opportunity make so strong. Tonic treatment, local and general, is required to correct relaxation and restore normal energy, and lastly other interests and occupations must banish the prurient fancies and impulses by which the patient has been enthralled.

It is easy to lay down these clear general principles, but few tasks are more difficult than their effectual application in actual practice.

The co-operation of the patient is, of course, essential to recovery, but to secure and maintain it is the great difficulty. If he really desires to conquer himself and honestly tries to aid his cure, the old habit is apt to prove stronger than his good resolutions, his weakened will is overcome, and he falls just when victory seemed near. This pitiful experience is so often repeated that the struggle seems vain, and it is difficult to inspire new

hope and new effort in one who has so often failed.

If he does not really wish to conquer and forsake his vice, help and encouragement are alike in vain. He chooses and seals his own fate, and makes mental and moral shipwreck. ✓

When honest efforts fail, and the patient declares in pitiful despair that he cannot forsake the vice which he deplures, or argues that his nature absolutely demands and requires the relief it affords, some direct operative interference, which shall prevent masturbation and show him that he can live without it, may be of much service. The best form of such interference is so to fix the prepuce that erection becomes painful and erotic impulses very unwelcome. To accomplish this, the prepuce is drawn well forward, the left forefinger inserted within it down to the root of the glans, and a nickel-plated safety-pin, introduced from the outside through skin and mucous membrane, is passed horizontally for half an inch or so past the tip of the left finger, and then brought out through mucous membrane and skin so as to fasten outside. Another pin is similarly fixed on the opposite side of the prepuce. With the foreskin thus looped up any attempt at erection causes a painful dragging on the pins, and masturbation is effectually prevented. In about a week some ulceration of the mucous membrane will allow greater movement and with less pain, when the pins can, if needful, be introduced into a fresh place, but the patient is already convinced that masturbation is not necessary to his existence, and a moral as well as a material victory has been gained.

For cases so extreme that there is no wish to discontinue the practice, or so long continued that the power of erection is almost lost, this mode of treatment is unsuitable and of little service.

Blistering and cauterising are sometimes used to prevent masturbation, but they are only effectual for the time, and the itching which follows them tends to aggravate the evil. An irritable condition of the valve at the junction of the seminal and urinary tracts is believed by some to be a great cause of secret vice, and the local application of nitrate of silver is said to be followed by excellent results.

Castration and ovariectomy have been urged as radical cures, but it is doubtful if they deserve the title. Sexual desires are not destroyed, and their prurient indulgence would not be prevented, although impregnation were made impossible. Clitoridectomy still has its advocates, but the whole of the sensitive surface cannot

melancholia. Many cases begin with a simple feeling of misery without delusion, and, in trifling and mild cases, delusion may not occur, or may not become conspicuous in the whole course of the malady. But, as a rule, the disorder of feeling is accompanied with more or less evidence of disorder of thought, and actual delusion accompanies the melancholia. Not only does delusion usually accompany the melancholia, but as a rule the gravity of the delusion has some relation to the depth of the feeling of misery, so that if the circumstances were as the patient deludedly believes them to be, they would go far to justify the feeling that he experiences. It would serve no useful purpose to enter at large here upon the character of the delusions entertained by melancholiacs. They are extremely numerous and diverse, and belong to all the varieties of delusion enumerated elsewhere (see DELUSION), except of course those of increased consequence and welfare. A list of those already observed, to be exhaustive, would well-nigh occupy the whole of this volume, and it is improbable that the next case that occurs would repeat any one of those so enumerated.

Course and Terminations.—Melancholia differs from other varieties of insanity in that it commonly arises *de novo* in a healthy person. It is very far less common for a person who already exhibits some other form of insanity to become melancholic than to become maniacal, demented or epileptic. Usually the onset of melancholia is gradual. A patient does not suddenly sink into deep melancholia, as he suddenly becomes maniacal or epileptic. He is noticed to be somewhat dull, somewhat lethargic, somewhat uneasy, and in less than his usual spirits, but usually these slight beginnings of the malady attract no notice, and it is not until the disorder has become fully established that it is remembered for how long the symptoms have been gradually increasing. At length the degree of misery and the other symptoms reach a grade at which the limits of the normal are unmistakably exceeded, and it becomes manifest that the patient is suffering from a morbid depression.

The subsequent course of the case may vary within wide limits. A large proportion of patients who are young, and who are taken in hand at an early stage of the malady, recover rapidly and completely; and there is scarcely any class of patients that comes under the care of the alienist that shows results so satisfactory as this one. The recovery is often rapid, and

may sometimes be even sudden, a person who was last night plunged in misery, being this morning cheerful and contented. More commonly the first step in the improvement is a long stride, and occurs upon a definite date, and thereafter follows a period of slower and more gradual improvement, attaining at length to recovery. Not uncommonly it happens that improvement may be gradually gained until a certain degree of nearness to recovery is reached, and at that point the ameliorative process comes to a standstill, and the final stages of recovery are extremely difficult to bring about.

Melancholia is a malady which is very liable to relapse, and the relapse may take place at almost any period in the life history of the patient. Thus it may take place during the period of recovery, and the course of recovery may be interrupted and delayed by the occurrence of one or two or several relapses. Or the relapse may occur at a longer or shorter period after recovery—at the end of a few months, or a few years, or of half a lifetime.

On the other hand, melancholia may terminate rapidly in death. The patient may become thinner, weaker, more dejected, more incapable of assimilating food, more incapable of exhibiting energy, until he dies of exhaustion; and death in this way may occur very rapidly, in a few weeks, or may be the termination of many months of illness.

Instead of terminating either in recovery or death, melancholia may merge into mania of more or less acuteness, of which it then appears to have been the initial stage. Indeed, the frequency with which this occurs has led a very thoughtful alienist—Dr. Sankey—to the conclusion that all cases of insanity, save of course general paralysis, begin in melancholia; or at least that the ordinary and normal succession of events is melancholia, mania, dementia, a succession which may be interrupted at any stage by recovery or death. Be this as it may, it is certain that melancholia is often a step to mania, and still more often a stage on the road to dementia. These observations lead us directly to the consideration of the

Varieties of melancholia, which the industry of clinical alienists has rendered perhaps unnecessarily numerous, no fewer than thirty varieties having been described by various authors. It will not be necessary to consider all these in detail here, especially as some of the varieties are dealt with at length in other articles in this volume (see FOLIE CIRCULAIRE; MELANCHOLIA ATTONITA), but cer-

one medical practitioner after another. Throughout all the dread and wretchedness of his career he clings fast to the faith that he will at length discover the man who shall administer the drug that will cure him. The melancholy man has no such hope. No ray of comfort brightens the gloom of his life. So far from entertaining hopes of recovery or confidence in treatment, he rejects with something like contempt the advice that is tendered for his welfare.

The distinction of *hysteria* from melancholia is in the different degrees to which the attention of others is sought and claimed in the two cases. In hysteria the whole aim and end of the display of symptoms by the patient will be found to have regard to the attraction of notice, of interest, and of sympathy from others. In melancholia, on the other hand, the patient is quite indifferent to the way in which her actions and symptoms may impress other people. She is too much absorbed in the misery that she suffers to bestow a thought upon the way in which her conduct is regarded.

One other condition is necessary to bear in mind in the diagnosis of melancholia. The malady has been defined as "a feeling of misery in excess of what is justified by the circumstances in which the individual is placed;" and, in order to say with any confidence that the malady exists, it is necessary to know the circumstances of the individual in order to judge whether the misery experienced is justified by them or no. It may be that the misery is so profound that scarcely any circumstances, however adverse, would be a justification for it, and in such cases the diagnosis is not difficult; or it may be that the feeling of misery may be accounted for by a reason which is palpably and manifestly the outcome of a delusion, as that the patient has been deprived of his wings, or has had another person's brains substituted for his own. But there is a large class of cases in which the reason alleged may possibly be true, and, if true, would justify the feeling of unhappiness. If a patient appears afflicted with melancholy, and declares that he is on the brink of ruin; that his wife is unfaithful; that he is a wicked and dishonest man; that he is liable to arrest; it is necessary to be very cautious in regarding his statements as unfounded. It may be that they are true, and that his feeling of misery is only the normal and natural feeling that such circumstances ought to inspire.

Treatment.—The treatment of melancholia is indicated very obviously by the

account of the pathology that has been given. If the defect which underlies the whole malady is a weakening and slackening of the nerve-action, and a diminution of the tension of the nerve-currents, then the treatment must be directed to arousing a more intense activity, and restoring the tension to its normal height. There is no reason to doubt that the process of storing energy in the nerve-elements is a part of the general process of nutrition, nor that if we can by any means increase the activity and vigour of the nutritive processes generally throughout the body, we can compel the nerve-elements to take a share in the increased activity, and may by degrees restore them to their normal state. The whole of the treatment of melancholia is therefore directed to stimulating and increasing the activity of the processes of nutrition. First among the restorative measures is the administration of food. It is usually found, when a melancholic patient comes under care, that for a considerable time he has not taken a sufficiency of food. Owing to the slackening of the nutritive processes, sufficient pabulum has not been assimilated by the tissues, and owing to the same reason the representation in consciousness of the needs of the body has been obscure and insufficient. Hunger has not been felt, and hence food has not been taken in sufficient quantity. The subjects of melancholia are often emaciated, usually thin, and always are less well nourished than they are wont to be in their normal condition of cheerfulness. Always there is want of inclination for food, often there is positive distaste for it, and not unfrequently there is complete and obstinate refusal to take it. Hence the first necessity in the treatment of a melancholy patient is to insist on the ingestion of abundance of aliment, and if necessary to employ force for the purpose.

Dr. Blandford has pointed out that in some cases food is withheld in consequence of the dyspepsia which so frequently co-exists with the mental depression; but this is a mistake, and may easily become a fatal mistake. Food, abundance of food, must always be administered, no matter what the state of the patient's digestion may appear to be, no matter how directly contrary it may be to his inclination. It is not enough to give slops and concentrated essences of meat and peptic fluids. Solid food of varied nature and considerable bulk must be given if the greatest benefit is to be obtained.

In order that the food thus given may be digested and assimilated, the next

faculties and intellectual manifestations. (Fr. *mélancolie générale*).—**M., homicidal** (*homicida*, a manslayer). The condition of melancholia usually associated with suicidal tendencies, in which, under the influence of some delusion, a patient harbours homicidal intentions.—**M., hypochondriacal** (*hypochondriasis*, *q.v.*). A condition of mental depression in which hypochondriacal symptoms colour the melancholic state.—**M., hysterical** (*hysteria*, *q.v.*). A condition of mental depression occurring principally in young girls, in which symptoms of a hysterical type predominate.—**M., malevolens** (*malevolens*, evilly disposed). The form in which mischievous acts and propensities prevail.—**M., metamorphosis** (*μεταμόρφωσις*, a transformation). A form of melancholia in which the patient imagines he has been transformed into some animal, or that he is some inanimate object—*e.g.*, a building, a glass utensil, &c.—**M., misanthropica** (*μισάνθρωπος*, hating men). The form of mental depression in which the patient hates and shuns the society of his fellowmen.—**M., misanthropical** (*μισανθρωπία*, hatred of mankind). Melancholia with aversion to human society, a desire for solitude, and a repugnance to the pleasures of life.—**M., moralis** (*moralis*, pertaining to morals). Mental depression with moral perversion or with moral delusions.—**M., nervea** (*nervus*, a nerve). A synonym of Hypochondriasis.—**M., of lactation**. (See Puerperal Insanity.)—**M., of pregnancy**. (See Puerperal Insanity.)—**M., of puberty** (*pubertas*, marriageable age). A form of mental alienation occurring at puberty in which the patient often evinces a listless and moody apathy and perverseness of conduct. (See DEVELOPMENTAL INSANITIES.)—**M., organic** (*ὄργανον*, arrangement). The mental depression, usually of a simple type, accompanying gross organic brain disease, such as tumours, ramollissements, &c.—**M., passive** (*patior*, I suffer). A form of melancholia allied to melancholia cum stupore, in which the delusions and hallucinations of ordinary melancholia are combined with passivity and apparent listlessness to surrounding sense impressions. (See MELANCHOLIA CUM STUPORE.)—**M., periodica** (*περιοδικός*, coming round at intervals). A name given to the melancholic stage of folie circulaire.—**M., persecutionis** (*persecutio*, a following after). The form of mental depression in which the patient has the delusion that he is followed or persecuted by enemies; it is generally associated with auditory hallucinations and suicidal tendencies.—**M., pleonectica** (*πλεονεκτέω*, I strive to gain

more). Insanity with desire for gain; morbid covetousness.—**M., puerperal**. (See PUERPERAL INSANITY.)—**M., reasoning**. (See LYPÉMANIE RAISONNANTE.)—**M., recurrent** (*re*, back again; *curro*, I run). The form of mental depression in which there is an irregular alternation of melancholic symptoms and recovery, extending over a great many years, and resulting in most cases in permanent dementia.—**M., religiosa** (*religio*, piety). The form of melancholia in which the patient has great despondency as to his future salvation, or in which a morbid religious emotionalism tinges the mental aberration.—**M., resistive**. Melancholia accompanied by obstinate resistance to any form of interference, generally purposeless and independent of delusion, but also frequently the direct result of some present delusion.—**M., saltans** (*salto*, I dance). A synonym of Chorea.—**M., senile** (*senilis*, old). The mental depression occurring in the aged, and usually associated with arterial degenerative change.—**M., sexual** (*sexualis*, from *sexus*, the male or female gender). The mental affection in which delusions as to the sexual organs or powers predominate. (See MASTURBATION, and INSANITY.)—**M., simple** (*simplex*). The form of mental depression in which the melancholia is mild and uncomplicated, and where the affective depression and pain are more marked than the intellectual or volitional aberrations (Clouston).—**M., simplex** (*simplex*, simple). Heinroth's term for melancholia without delusions or hallucinations.—**M., sine delirio** (*sine*, without; *delirium*, raging madness). Etmüller's term for an abortive form of melancholia in which there is only mental depression without delusion.—**M., stuporous, M. cum stupore** (*stupor*, unconsciousness). A state of mental depression accompanied by a morbid condition of mental lethargy or torpor. (Fr. *mélancolie avec stupeur*.)—**M., suicidal** (*sui*, himself; *caedere*, to kill). The form of mental depression in which ideas of, or a longing after, self-destruction, dependent on or independent of delusion, are present.—**M., sympathetic** (*συμπαθητικός*, affected by like feelings). A mental depression primarily produced by an affection of some other organ than the brain.—**M., transitoria** (*transitorius*, having a passage through). A condition similar to mania transitoria or mania ephemeral, in which a mental depression takes the place of a mental exaltation.—**M., uterina** (*uterinus*, pertaining to the womb). A synonym of Nymphomania.—**M., zoanthropia** (*ζῶον*, an animal; *ἄνθρωπος*, a man). A species

(b) *Paramnesia* by identification; a new experience appears as the photography of a former one. Some lunatics brought for the first time into an asylum have the feeling as if they had been there before and had seen the same persons, &c.

(c) *Associated or suggested paramnesia*: an actual impression suggests an illusion of the memory—a pseudo-recollection of something similar in the past. Among others Kraepelin cites the case of a young man, with whom everything that he imagines seems to have occurred in the past.

Several theories have been proposed for the explanation of these illusions, but none have succeeded in accounting for them in a satisfactory manner. TH. RIBOT.

[*References*.—Sir Henry Holland, *Mental Physiology*, 1852. Hering, *Ueber das Gedächtniss als allgemeine Function der Organisirten Materie*, 1876. Carpenter, *Mental Physiology*. Wundt, *Grundzüge der Philosophischen Psychologie*. Ribot, *Les Maladies de la Mémoire*, 1881. Sully, *Outlines of Psychology*, 1884. Dr. Savage, *Case of Acute Loss of Memory*, *Journ. Ment. Sci.* April 1883. Dr. Creighton, *Unconscious Memory in Disease*, 1886. Forel, *Das Gedächtniss und seine abnormitäten*, 1885. Fouillée, *La Survivance et la Sélection des Idées dans la Mémoire*, *Rev. des Deux Mondes*, 1885. A. Pick, *Loss and Recovery of Memory*, *Archiv f. Psychiatrie*, Bd. xvii. Heft 1. Kraepelin, *Ueber Erinnerungsfälschungen*, *Archiv f. Psychiatrie*, 1887, Bd. xviii. 199, 395. H. Vernueil, *Memory from the Physiological, Psychological, and Anatomical Point of View*, 1888. Burnham, *Memory Historically and Experimentally Considered*, *Amer. Journ.* 1888-9, II. 431-464.]

MENINGITOPHOBIA (*meningitis*; φόβος, I fear). Symptoms of cerebro-spinal meningitis, produced from fear of the disease. (See HYSTERIA.)

MENOPAUSE. (See CLIMACTERIC INSANITY.)

MENSTRUATION and INSANITY.—Esquirol has said that the derangements of menstruation form one-sixth of the physical causes of insanity, and Morel exactly agrees with him.

The following general conclusions have been arrived at by the writer after careful inquiry into the condition of the menstrual function in 500 lunatics.

(1) That in idiocy and cretinism puberty is usually delayed or absent.

(2) That in epileptic insanity the fits are generally increased in number, and that the patients frequently become excited at the catamenial period.

(3) That in mania exacerbations of excitement usually occur at the menstrual period, and that a state of intense excitement is almost continuous in patients suffering from menorrhagia.

(4) That in melancholia a large proportion of patients suffer from amenorrhœa.

(5) That in dementia the patients

usually menstruate in a normal, healthy manner.

(6) That in general paralysis the change of life frequently occurs early.

(7) That, very rarely, the catamenia reappear in aged insane women after a prolonged cessation.

Amongst thirteen idiots and imbeciles menstruation was delayed beyond the normal time in half the number of cases. "In extreme degrees of cretinism the reproductive powers are never developed at all; and in less degrees menstruation appears late and continues scanty and irregular through life; whilst even in cases of the slightest description the average date of the first menstruation is as late as the eighteenth year."*

Amongst fourteen idiots, imbeciles, and cretins, seven, aged respectively 14, 16, 16, 18, 19, 22, and 22, had not begun to menstruate.

In mania, it is agreed by Esquirol, Greissinger, and Morel that increased excitement is observable at the catamenial period. On the other hand, we occasionally find instances in which mania is associated with more or less suppression of the menses. The mischief in these cases may be due either to congestion of the brain in consequence of the blood usually discharged by the normal channel being retained, or the amenorrhœa may be due to the general condition of anæmia which often accompanies an attack of asthenic insanity.

It cannot fairly be stated that in cases of recovery from mania the return of the catamenia always precedes the cure of insanity in cases where the discharge has been suppressed. Frequently the order is reversed, the patient becomes sane and is discharged from the asylum, but the monthly flux does not occur regularly for some weeks or months afterwards. A reappearance, however, of the catamenia cannot but be regarded as a favourable sign during an attack of insanity, and in many cases is followed by recovery. In puerperal insanity also the outlook becomes brighter on the return of the menstrual flux.

In insanity with menorrhagia, erotic actions and obscene language are frequent accompaniments.

Out of one hundred and sixty-two cases of mania, no less than ninety-nine, or about two-thirds of the total number had attacks of excitement which could be distinctly referred to the catamenial period.

Of these ninety-nine, in eleven instances the maniacal excitement was observed to

* Report on "Cretinism," presented to the Sardinian Government, 1848.

in life. Two of these were more than 60 years old, and two were over 70.

A curious case was also under the care of the writer in which an insane patient, who had long passed the change of life, was under the delusion that she was pregnant. Her efforts to expel the supposed foetus had the effect of bringing on the catamenia, which continued for several months, and then ceased suddenly.

The above remarks apply only to healthy or disordered uterine functions and their connection with the various forms of insanity. The reader is referred to an able and exhaustive work ("La Femme pendant la Période menstruelle," Dr. Icard, 1890) for a record of cases of organic disease of the womb, and their effects upon the intellectual faculties of the female. In this work it is affirmed that Rossignol (1856) has stated that out of 1236 prostitutes 980 were troubled with some uterine affection, which in many cases produced more or less mental aberration.

The idea that menstruation is a disgrace to a woman has long since disappeared with the advance of civilisation. We no longer say "*Mulier speciosa, templum cœdicatum super cloacam.*" We try rather to alleviate the symptoms of painful but healthy function by modern therapeutical appliances.

The importance of avoiding all emotional disturbance at the menstrual period has been insisted on by the authors of all ages.

The Levitical law prohibited connection with a woman at this crisis. Ezekiel considered such an act equivalent to adultery. A council of Nice ordered that Christian women should not enter a church during the catamenial period.

The Talmud affirmed that a child conceived during the flux was subject to every vice and disease. He would become a drunkard, insane, epileptic, or homicidal.

The Koran declared that a woman was impure eight days before and eight days after her courses.

Michelet believes that out of 28 days a woman is suffering from the effects of the monthly period for not less than 20.

Moreau states that the negroes shut up their women in huts during the time of the menstrual discharge.*

The medico-legal aspect of the effects of menstruation upon the emotional centres cannot be over-estimated. Krugenstein says: "Amongst all the female suicides it has been my lot to see, the act

tion may be due to disease of uterus or of distant organs.

* "*La Femme*," Icard.

was committed during the catamenial period."*

Dr. Icard truly says: "The menstrual function can by sympathy, especially in those predisposed, create a mental condition varying from a simple psychalgia, that is to say, a simple moral malaise, a simple troubling of the soul, to actual insanity, to a complete loss of reason, and modifying the acts of a woman from simple weakness to absolute irresponsibility. The tribunal cannot appraise with any certainty the disposition of a woman who is the subject of menstrual disturbance."†

The following morbid mental phenomena have been observed by Icard to occur at the menstrual periods: Kleptomania, pyromania, dipsomania, homicidal mania, suicidal mania, erotomania, nymphomania, religious delusions, acute mania, delirious insanity, impulsive insanity, morbid jealousy, lying, calumny, illusions, hallucinations, melancholia; of which he reports cases at great length in his admirable work.

In the writer's experience, kleptomania is met with more frequently at the climacteric, pyromania being associated with puberty; dipsomania is also chiefly a disorder of the change of life. Erotomania is found at all ages, morbid jealousy at the menopause, lying in young women, calumny in moral insanity; and the other forms of mental aberration mentioned by Icard, which are not symptoms but diseases, are met with at all ages.

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[References.—Sutherland, H., *The Change of Life and Insanity*, West Riding Asyl. Med. Reports, vol. iii. p. 299. Sutherland, H., *Menstrual Irregularities and Insanity*, West Riding Asyl. Med. Reports, vol. ii. p. 54. Merson, J., *The Climacteric Period in Relation to Insanity*, West Riding Asyl. Med. Reports, vol. vi. p. 85. Bucknill and Tuke, *Catamenia in Prognosis*, 3rd edit. pp. 148, 150. Mayer, *Die Beziehungen der krankhaften Zustände in den Sexualorganen des Weibes zur Geistesstörungen*. Marie, *Etudes sur les Causes de la Folie puerpérale*, Ann. Méd.-psych. 1857, t. iii. p. 577. Bruant, *De la Mélancolie survenant à la Ménopause*. Brouardel, *Etat mental des Femmes enceintes*. Petit, *Des Rapports de la Paralysie générale avec certains Troubles de la Menstruation*. Marcé, *Traité de la Folie des Femmes enceintes*. Briere de Boismont, *De la Folie puerpérale*, Ann. Méd.-psych. 1851, p. 587. Ricard, *Etude sur les Troubles de la Sensibilité génésique à l'Epoque de la Ménopause*. Berthier, *Des Névroses menstruelles*. Schroter, *Die Menstruation in ihren Beziehungen zur den Psychosen*. Reikel, *De la Folie puerpérale*.]

MENTAL ABERRATION, MENTAL ALIENATION (*mens, alieno*, I alter in nature from). Synonyms of Insanity.

MENTAL EPIDEMICS. (See EPI-
DEMIC INSANITY.)

* *Op. cit.* p. 179.

† P. 266.

There are always about a dozen microcephales in the large asylum of Darenth for the pauper idiots of London. Many of them are wretched little creatures who cannot even execute any voluntary motions, save perhaps to follow with their eyes the spoon which feeds them. On the other hand, some microcephales are active and energetic. The impressions of the senses are lively, but they have little power of continuous attention. They are generally restless, imitative, and inclined to fly into a passion. Few of them can speak. Their mental capacities differ little from idiots of other types, though in general they have more use of their limbs and better health. Their command of the muscles is perhaps due to the better development of the cerebellum.

Under a special system of education, microcephales improve like other idiots, though perhaps not so much as might be expected. The spontaneous mental activity, in their case, is more vivacious than the power of receiving knowledge through systematic lessons. Some writers have stated that there is found in the mental characteristics of microcephales a strong resemblance to those of monkeys. Microcephales are a deal stupider than normal human beings, and so are monkeys; but here the resemblance ends. The microcephale has less energy than an ordinary child, hence he is less fond of climbing, he has human affections and human sympathies; he laughs at what amuses him, and weeps when in pain. A microcephalic boy, a pauper boarder from the north, whom we had at Larbert, was a cunning and calculating thief. He was very imitative and observing, but never uttered a word. In general when microcephales remain mute, we believe it is owing to the low sum of their mental faculties, not to deficiency in any particular convolution of the brain.

In the lower grades of microcephaly the sexual instinct is either very faint or wanting. In the higher grades the testicles become developed, though later than with normal males, and the female microcephales menstruate later than ordinary women. One microcephale aged twenty-five years conceived, but the embryo was born dead. This is the only instance on record of the reproductive function coming into exercise in one of these creatures.

As generalisations drawn from beings so abnormal are apt to be misleading, let us consider some particular cases of microcephales which have been carefully studied. The two Aztecs who have been exhibited for many years in America and

Europe are fair examples of microcephales. They have been often examined and described. Originally brought from Mexico, they are obviously of Indian origin. They have curious heads of black crisp-looking hair which stands out like a broom, starting up after being depressed. Professor Dalton who saw them when they were seven and five years of age, says that the boy was 2 feet 9½ inches high, and weighed a little over twenty pounds. The girl was 2 feet 5½ inches high, and weighed seventeen pounds. Their bodies were tolerably well proportioned, but the heads were extremely small. The antero-posterior diameter of the boy's head was only 4½ inches = 114 millimetres; the transverse diameter less than 4 inches = 100 millimetres. The antero-posterior diameter of the girl's head was 4½ inches = 111 millimetres; the transverse diameter only 3½ inch = 94 millimetres.

They were described as very vivacious, restless, and excitable, but unable to speak anything save a few isolated words. In manners they were soft and gentle. We saw these creatures twice, the last time in Glasgow in 1880 where they were being exhibited for a penny. They were publicly married in London in 1867, and cohabited, but had no offspring. The female showed jealousy of the male by shaking her finger at him "when he paid attention to other ladies." She was playing with a toy. They said that she was not fond of children. They seemed gentle and good-natured, and spoke a few isolated words, such as, when we asked the male what he would do with some money? he answered, "cigar," being fond of smoking. The female said "cold," when the showman exposed her neck to let me see how well nourished she was. They were both of low stature. The male had, for an Indian, a tolerable beard. He was said to be forty-six, the female several years younger. We could see no grey hairs. The male had 1½ teeth, some of which were decayed. They had both vaulted palates. The male wanted a metacarpal bone in each little finger, and the big toe overlapped the others on each foot. Deformities of the toes are common with idiots. We measured the head of the male microcephale as well as we could for his bushy hair.

The following were noted:

	Mill.	Inch.
Antero-posterior (from glabella to occipital protuberance)	216	= 8½
Circumference.	381	= 15
Transverse (from tragus to tragus)	240	= 9½

A boy named Freddy, with a very small head, has been carefully observed and

was fond of being noticed, especially by the other sex, had a good memory for the names of places and persons, but no memory of time. She learned to do easy work in the house, and to go out to buy provisions. Indeed Cardona goes so far as to say that the poverty of the brain of Grandoni in the small size accorded to it by Nature could admit of a sensibility, an intelligence, and an education, which has not fallen much short of the average of her countrywomen.

A longer description of Antonia and of Freddy will be found in the writer's book above mentioned. In Antonia's case one might expect the brain tissues to be healthy, and this was fairly borne out by a careful microscopical examination.

Dr. Lannelongue has tried an operation for the relief of microcephaly, which consists in the removal of strips of the frontal and parietal bones along the lines of the sutures. Though he does not hold that the closure of the sutures is the cause of microcephaly, he believes that there is often compression or arrest of the growth of the brain. Professor Horsley, and Dr. Keen of Philadelphia, have performed similar operations on microcephalic children. So far as we can gather, in twelve such operations there were four deaths, and decided improvement is specified in only two cases. These surgeons consider that the hopelessness of any considerable improvement in the mental power of the microcephale justifies the risk of the operation. We should be inclined to restrict the operation to children under five years in whom there were some proofs of compression.

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[References.—Gratiolet, *Mémoire sur la Microcéphalie considérée dans ses rapports avec la question des Caractères du Genre humain*, *Journal de la Physiologie de l'Homme et des Animaux*, Paris, 1860. Vogt, *Mémoires sur les Microcéphales*, Geneva, 1867. Bischoff (Th. L. W.), *Anatomische Beschreibung eines Microcephalen 8 Jährigen Mädchens*, Munich, 1873. Aeby, *Beiträge zur Kenntnis der Mikrocephalie*, *Archiv für Anthropologie*, sechster und siebenter Band, Brunswick, 1874-5. Ireland, *On Idiocy and Imbecility*, London, 1877. Bucknill and Tuke's *Manual*, 4th edit. 1879. Beach, *Morphological and Histological Aspects of Microcephalic and Cretinoid Idiocy*, *Transactions of International Medical Congress*, vol. iii., London, 1881. Glacomi's *Cervelli del Microcefali*, Turin, 1890; at the end of this complete monograph there is a list of the literature of microcephaly filling fourteen pages. Horsley, V., *On Craniectomy in Microcephaly*, *Brit. Med. Journ.*, September 12, 1891.]

MICROMANIA (*μικρός*, small; *μανία*, madness). The form of insanity in which the patient imagines that his body or some part of it has become small. Delusion of belittlement. (Fr. *délire des petitesesses*.)

MICROPSY, HYSTERICAL (*μικρός*; *δύσις*, signs; hysteria, *q.v.*). The visual defect found in hysterical subjects, in which objects at a certain distance appear smaller than they really are, associated as a rule with functional monocular polyopia and hysterical macropsy (*q.v.*).

MIND. (See PHILOSOPHY OF MIND, p. 27.)

MIND-BLINDNESS.—Mind-blindness represents a form of visual disturbance in which the capability of seeing and perceiving objects is preserved, but in which the capability of recognising them, save through the other senses, is lost.

The term "mind-blindness" has been chosen by Munk for a certain condition in the dog, which he was able to produce by an operation on the occipital lobe. The dogs are able to see, but they are not able to recognise by means of the visual sense persons, localities, and objects familiar to them. The operation—extirpation of the cortex at a certain part of the occipital lobe—is said to extinguish the memory of all visual images. The science of mind-blindness in man has not yet been brought to a definite conclusion. The results of the experiments on animals cannot without reserve be transferred to human pathology. In a series of cases the condition which has been described as mind-blindness has also been observed in man.

In these cases perception of the impressions of light, simple optical perception as such, continues to exist; the patient sees, but he is not able to interpret the impressions which he receives through the retina, he is not able to make any use of them mentally, he does not connect any ideas with them. The memory of visual images is entirely lost. In several instances colour-blindness was found associated with mind-blindness, but we cannot decide whether this is constant. It is important to note that in one and the same case hemianopsia can be present with mind-blindness, as has been observed several times. Remarkable is the occurrence of mind-blindness in connection with aphasic derangements of speech. It has been already attempted to make a distinction between certain forms of mind-blindness. We may be allowed to separate from pure mind-blindness in the sense as stated above, the word-blindness—i.e., the inability to recognise writing or print, because there have been cases in which word-blindness existed without mind-blindness. Whether we are also allowed to separate from mind-blindness other cases in which there is aphasia—the so-called optical aphasia—is not certain.

ΜΝΗΜΟΝΙΚΑ (*μνημονικός*, pertaining to memory). The art of memory or of remembering.

ΜΟΓΙΛΑΛΙΑ (*μογιλαλία*, from *μός*, I speak with difficulty); **ΜΟΛΙΛΑΛΙΑ** (*μόλις*, for *μός*, *v.s.*) Old terms for any difficulty of speech either from physical or mental defect. Also a synonym of Stammering (*q.v.*).

ΜΟΛΥΒΔΕΝΕΠΙΛΕΨΙΑ (*μόλυβδος*, lead; epilepsy). A synonym of Saturnine Epilepsy, or Epilepsy induced by Lead Poisoning. (Fr. *molybdépilepsie*; Ger. *Bleifallsucht*.)

ΜΟΝΑΤΣΡΕΙΤΕΡΝΙ.—The German equivalent for Nymphomania or Satyriasis.

ΜΟΝΔΡΑΝΚΕΪΤ.—A German term for madness; insanity.

ΜΟΝΔΣΟΥΧΤ.—A German term for lunacy; also a synonym of Somnambulism.

ΜΟΝΓΟΛΙΑΝ ΙΔΙΟΤΣ. (See IDIOCY, FORMS OF.)

ΜΟΝΟΚΥΑΡ ΠΟΛΥΟΠΙΑ ΗΥΣΤΕΡΙΚΑ (*μόνος*, one; *oculus*, eye; *πολύς* ὧψ, many-eyed; hysteria, *q.v.*). A term employed for the monocular diplopia or triplopia occurring in hysterical subjects. It may also occur as a natural defect corrected in the healthy condition of the normal action of accommodation, and due to the segmentary structure of the crystalline lens, occurring in the aged, commencing cataract, astigmatism, &c. Parinaud ascribes its occurrence in hysteria to the contraction of the muscle of Brücke (*m. ciliaris oculi*). It embraces the conditions known as hysterical macropsy and micropsy (*q.v.*) (Charcot).

ΜΟΝΟΔΙΠΛΟΠΙΑ ΗΥΣΤΕΡΙΚΑ (*διπλόος*, ὧψ, hysteria). A synonym of Monocular Polyopia Hysterica.

ΜΟΝΟΜΑΝΙΑ.—The essential element of the definition of monomania is *partial* insanity. Those who have logically maintained its existence hold that the morbid mental state is restricted to one subject, the patient being of sound judgment and healthy feeling on all others. Employed in this sense it must be discarded as untrue to clinical experience, and as the term is sure to be misunderstood when employed in a broader sense, its use is to be regretted. At the same time there is truth in the doctrine that the range of mental aberration in some instances is by no means co-extensive with the mental faculties, and the subjects upon which they may be engaged. No one who has anything to do with the insane, doubts that a man who labours under a terrible delusion or hallucination or an uncontrollable impulse, may be able to prepare an elaborate balance-sheet, or

if a lawyer, might give trustworthy advice to his client. Partial insanity in this sense must therefore be admitted.

The term monomania has a history which cannot be passed over without a brief notice. No less than one hundred and thirty pages of Esquirol's "*Maladies Mentales*" are devoted to this form of mental disease. He invented the word. He described it as a chronic cerebral affection without fever, characterised by a partial lesion of the intelligence, the affections, or the will.

Intellectual monomania was defined as based on illusions, hallucinations, morbid associations of ideas, or delusions, concentrated upon a single object or a circumscribed series of objects, outside of which the patient feels, reasons, and acts like sane people.

Affective monomania (corresponding to the *manie raisonnée* of previous authors) was defined as a state in which without defect of reason the affections are perverted, and the character changed.

Instinctive monomania (or *monomanie sans délire*) was regarded by Esquirol as a lesion of the will, the patient being driven to perform acts of which his reason and conscience disapprove.

These varieties of partial insanity may be associated with exaltation or depression, but if the latter, Esquirol applied to them the term lypomania, while he resolved to restrict that of monomania to partial insanity of a joyous character. He observes, "writers have confounded" monomania with melancholia because in both the delusion is fixed and partial.

Under monomania Esquirol placed:—(1) *M. érotique* (see INSANITY, EROTIC), (2) *M. raisonnée*. Under this head he discusses the moral insanity of Prichard, and expresses a doubt whether he has quite sufficiently distinguished it from another variety of insanity free from intellectual disorder, the *manie sans délire*. "The moral insanity of Prichard, or the *manie raisonnée* of Pinel, is a true monomania. Patients labouring under this variety of insanity certainly have a partial mental disorder." (*Op. cit.* ii. 70.) (3) *M. d'irresse*, (4) *M. incendiaire*, (5) *M. homicide*.* It must be remembered that

* "A la fin du quinzième siècle, Marescot, Riolan et Duret, chargés d'examiner Marthe Brossier, accusée de sorcellerie, terminèrent leur rapport par ces mots mémorables: *Nihil a demone; multa ficta, a morbo pauca*. Cette décision servit depuis le règle aux juges qui eurent à prononcer sur le sort des sorciers et des magiciens. Nous nous disons, en caractérisant le meurtre des monomaniaques-homicides: *Nihil a crimine, nulla ficta, a morbo tota*." (*Op. cit.* ii. 843.) Esquirol's defence of homicidal monomania is one of the ablest chapters

life, a predisposition to insanity which is brought to the surface by a moral or physical shock; this so far affects the question of moral insanity now under consideration that there may be underlying the apparently coarse causation of the attack an instability of nerve-tissue which is the factor in immediate relation to the moral disorder.

It is highly important to bear in mind that many cases of moral insanity are complicated with epilepsy.

This fact does not appear to us to remove the case from the category of moral disorders. Epilepsy may surely affect one part of the mental constitution in preference to another. It may, and generally does, seriously injure the memory, but it may pervert the moral nature so as to induce homicidal attacks, and leave the memory intact.

On the whole, it appears to us, while fully granting that a searching inquiry into the mental condition present in such cases of alleged moral insanity, would very frequently reveal intellectual disorder—that clinical observation cannot be satisfied without distinguishing between the cases which are, and those which are not, markedly complicated with intellectual defect or disorder. To obliterate distinctions, however fine, between these conditions, does not seem the way to advance the scientific study of insanity.

We would now refer to the bearing of mental science on the form of insanity under consideration. We have elsewhere recorded how Herbert Spencer would meet a legal opponent of the doctrine of moral insanity who should base his argument on the statement that as intellect is held to be evolved out of feeling, and as cognitions and feelings are declared by him to be inseparable, there cannot be organic or acquired moral defect without the intellect being involved. Spencer's answer does not militate against anything maintained in the present article. Indeed,* he finds an indication of such structural deficiency as may lead to results alleged to be present in moral imbecility and insanity, in the fact that every complex aggregation of mental states is the outcome of the consolidation of simpler aggregations already established. This higher feeling is merely the centre of co-ordination, through which the less complex aggregations are brought into proper relation. The brain evolves under the co-ordinating plexus which is in the ascendancy, an aggregate of feelings which necessarily vary with the relative propor-

* These views are also expressed in the "Principles of Psychology," vol. i. p. 575.

tions of its component parts. But in this evolution it is obviously possible that this centre of co-ordination may never be developed; what Spencer calls the higher feeling, or most complex aggregation of all, may never be reached in the progress of evolution, and moral imbecility may result, or such waywardness of moral conduct from youth upwards as we maintain occurs without marked disorder of the intellect. When in the absence of congenital defect, the moral character changes for the worse under conditions which imply disease rather than mere vice, Spencer finds a clue to a probable cause in so simple an occurrence as fretfulness, which arises, as we all know, under physical conditions, such as inaction of the alimentary canal. Fretfulness is, as he justly says, "a display of the lower impulses uncontrolled by the higher." This is essentially a moral insanity. So is the irascibility of persons in whom the blood is poor, and the heart fails to send it with sufficient force to the brain. Spencer puts it in terms which bear directly upon the question we are discussing, when he says, "irascibility implies a relative inactivity of the superior feelings. . . . The plexuses which co-ordinate the defensive and destructive activities, and in which are seated the accompanying feelings of antagonism and anger, are inherited from all antecedent races of creatures, and are therefore well organised—so well organised that the child in arms shows them in action. But the plexuses which, by connecting and co-ordinating a variety of inferior plexuses, adapt the behaviour to a variety of external requirements, have been but recently evolved, so that, besides being extensive and intricate, they are formed of much less permeable channels. Hence, when the nervous system is not fully charged, these latest and highest structures are the first to fail: instead of being instant to act, their actions, if appreciable at all, come too late to *check the actions* of the subordinate structures." (*Op. cit.* p. 605.)

Hence, although "no emotion can be *absolutely* free from cognition" (p. 475), it is allowed by Spencer that there may be "a relative inactivity of the superior feelings," and therefore moral insanity, by whatever name it may be called, is in full accord with the principles of mental evolution and dissolution, as laid down by this great psychologist.

The following propositions appear to be warranted by a careful consideration of the psychological, as well as the clinical, facts:

(1) The higher levels of cerebral de-

æsthesia of all the senses, derangements of the vaso-motor and respiratory system, paralysis of the vessels, which can be proved by the sphygmograph, and which can be changed by a full dose of morphia into normal tension; besides this, reflex disturbances, as paroxysmal sneezing, yawning, singultus, choking, vomiting, and general convulsions. Of anomalies of the secretory system we must mention: coryza, lacrymation, diarrhoea, sweating, nocturnal emissions, and menorrhagia. General nutrition fails, and the body loses weight. We have to mention among the (2) *mental symptoms* of abstinence: general restlessness, sleeplessness, depression of mind, loss of memory, slight mental disturbance (a quiet and an excited form), great craving for morphia, wine and other narcotic and alcoholic stimulants. Among other symptoms of abstinence, forms of insanity (one lasting a short time and another chronic) and attacks of hysteria have been observed. After the patients have become weaned from morphia, some of the before-named symptoms still continue, and we have to watch very carefully over the *morale* of the patient.

(c) Under *secondary symptoms of abstinence*, or, better, under secondary conditions of debility, we include symptoms of general weakness which appear some weeks or months after the period of deprivation, if the patient is not very careful; it is a breaking down resulting from too early and too great exertion.

(d) We have no sufficient *explanation of the symptoms of abstinence*; we have still to accept the explanation that the nervous system is deprived of a customary stimulant. It is impossible to explain the symptoms chemically, as has been tried by supposing that oxide of morphia, which is said to be formed in the organism, causes the symptoms of abstinence as soon as no more morphia, which is an antidote to oxide of morphia, is introduced into the system.

The **diagnosis** of morphiomania is generally easy, because the patient himself confesses his abuse, and because the marks of the injections confirm his statements. It is more difficult if the patient is suspected to be in the habit of taking morphia but he himself denies it. This may happen if morphia is during or after the period of deprivation secretly introduced into the system. It is impossible to prove it as certain, and we have therefore to try to find it out in any possible way. To analyse the urine, saliva, fæces, and the contents of the stomach in search of morphia is, apart from the complexity of this process, far from being reliable. It

is best to inspissate the urine of the patient suspected to take morphia secretly, and to inject the residue subcutaneously into an animal. If the urine contains morphia, the animal will show symptoms of acute morphia poisoning. But this experiment is only successful if large doses have been taken secretly. We also can examine the pulse with a sphygmograph. For a short time after the period of deprivation there is paralysis of the vessels. If we find during this time signs of tension of the arteries, we must be suspicious. However, this is not a certain proof.

Treatment.—A. METHODS OF DEPRIVATION.—(a) *Slow Deprivation, Laehr-Burkhardt Method.*—This is the oldest method, but also the worst of all. It reduces slowly the daily doses, but, as even in the slowest process the symptoms of abstinence cannot be avoided, the sufferings of the patients are very much prolonged, and, as the patient is not kept under control, he mostly succumbs to the temptation to take morphia secretly. This method does not require any special arrangements as regards a locality for the patient to stay in, but can be applied at any place.

(b) *Sudden Deprivation, Levinstein Method.*—The patient is at once deprived of all morphia, but, as it always causes a maniacal delirium, special arrangements have to be made. This method can only be applied in an asylum, where the patient can be isolated. It is apt to cause collapse and paralysis of the heart, and therefore it must be rejected, although apart from this danger it helps the patient in the quickest way over the sufferings of deprivation.

(c) *Quick Deprivation, Erlenmeyer Method.*—It is the best and most rational method, and is highly esteemed. It avoids all the dangers of sudden abstinence, and deprives the patient of the customary dose in from three to eight days with the greatest care and under proper supervision. The patient is kept in bed, and is surrounded by experienced attendants; female attendants are to be preferred, even in the case of male patients.

B. THE PLACE MOST SUITABLE FOR UNDERGOING TREATMENT BY DEPRIVATION.—It must not be at the patient's own house or in his family, neither at a bathing-place, because these do not give the slightest chance of success. Better is a hydro-pathic institution, an institution for nervous diseases, or even an asylum, but the most suitable place is a house specially established for and restricted to this one purpose of cure of morphiomania by deprivation. Of the greatest importance, however, in all such institutions is the

here called the attributes of the movement; the results of the movement, and its necessary antecedents, though not parts of the act itself, often help to determine the mental character of the act.

A single movement of an individual part of the body is less often considered as a sign of mental action than a series of movements of many parts. Hence we have to consider the modes of studying a single movement and series of movements, and their relations to their antecedents and sequents, as well as to surrounding objects.

We are here dealing with purely physiological action, no metaphysical considerations or concern with the facts of consciousness will disturb the line of observation and argument or enter into any definition or explanation given. From this point of view the study of mental action is simply a study of visible movements and the corresponding brain action; we are concerned with their accurate description, their causation and outcome. It is convenient to describe modes of movement as observed, then to infer the modes of brain action corresponding thereto; various mental states may be described in terms indicating movement and the brain action corresponding.

The greatest number of signs that we have to observe are movements of small parts of the body, parts of small mass and weight, such as the eyes, the mobile features of the face, the hands and fingers. We shall proceed to study a visible movement, then some series of movements and the corresponding action in nerve-centres.

A visible movement may follow some impression received through the eye or ear, something seen or some word heard; the action, if it follows immediately upon the stimulus, may be clearly produced by it. When there is the least amount of present brain stimulation the brain centres are the most free and ready for control through the senses. The boy who has been impressed before school by talking of a bird-nesting expedition is inattentive to his master's explanation of Euclid. When the movements seen have apparently no known circumstances immediately stimulating them they are sometimes said to be "spontaneous," and the occurrence of many such acts is said to indicate spontaneity in the subject. Examples of these uncontrolled movements are seen in the wandering eyes and fidgeting fingers which indicate some emotional states. The movements of the new-born infant which we have described under the term microkinesis are similarly "spontaneous."

The sequents of movements seen may also be observed, the results following the action are not parts of the physiological phenomenon but serve to give it a certain character; a muscular contraction, stimulated by a nerve-centre is always itself a physiological fact, the first outcome of the visible movement may be a mechanical act such as lifting a weight, or writing, &c. The sequents of movements may be very complex although the movement itself be a simple fact. We may observe the antecedents and the sequents of an action; noting the time and the quantity of each. If light be allowed suddenly to fall upon the eye the iris immediately contracts the pupil; if we speak to a child there may be a period of delay before he moves.

It seems impossible to give any definition distinguishing action of a purely mental kind from such as effects other purposes, but the general characters of some acts distinguishing them as intelligent will be given.

Certain characters of brain are essential to the manifestation of mental action, they are inferred from the attributes of visible movements and may be described as Spontaneity, Retentiveness, Delayed expression of impressions, Double action in nerve-centres, Controllability of nerve-centres by physical forces.

Spontaneity as a character of brain is specially characteristic of infancy and childhood. It is indicated in visible action by a large number of movements of different parts of the body apparently occurring without any present circumstances stimulating them; the child and the young animal are full of such movements, they are specially seen in small parts. Probably in all cases such movements, if not really stimulated by surrounding forces, are due to previous impressions received by the individual or inherited.

Separate brain centres appear to be capable of acting without any external stimulus; such mode of action is seen in many conditions of adult life, and it seems likely that in mental function this is the foundation of mental spontaneity and spontaneous thought.

Retentiveness as a property of brain is somewhat analogous to inertia as a physical property of inanimate objects. Retentiveness may be indicated by the recurrence of a movement, or a certain series of acts, following a certain impression by sight or sound; a similar sight being followed by similar action, or movements of the same parts in similar order upon different occasions. Retentiveness in nerve-centres tends to repetition

body which must be observed in their relations to surrounding objects, and actions in other persons.

The principal intrinsic character of a series of acts is the relation in time of the movement of the visible parts of the body. There are four great classes of movements: (1) Uniform series, (2) Augmenting series, (3) Diminishing series, (4) Action adapted by circumstances. A *uniform series of movements* is the repetition of the movement of the same parts in uniform degree, or quantity of displacement, and in uniform time; this is seen when the individual does the same things over and over again. Walking is a uniform series of acts, and is not considered as necessarily a sign of intelligence, for it is not necessarily much controlled by the senses. Some manipulative processes consist of purely repetitive action. Some of the "awkward habits" of children are the repetition of uniform series of movements, such as lateral movements of the head in rotation, grinning, shrugging the shoulders, movement of the head to one side with slight inclination and rotation to the same side, putting fingers in the mouth, such movements frequently occurring spontaneously, or on any and every stimulus. In commencing an educational system with a young child, the spontaneity may at first be more easily controlled to become a uniform action than one adapted to any useful purpose.

Augmenting Series of Movements, or Reinforcement of Action.—A series of movements may occur, sequential to some stimulus, in which the final movement is much stronger than would be expected from the force of the primary stimulus, each group of movements, as the series progresses, increasing in number and in force. It is the spreading of the area of movement, or number of parts moving as the action proceeds, that is here specially indicated, such augmenting series of movements being started by a very slight stimulus, the force expanded in such series being out of all proportion to the strength of the original stimulus. The sound of a sharp word to a child may be followed by depression of the angles of the mouth; alternate tonic contraction and relaxation of the orbicularis oculi, altered respiratory movements, causing screaming, flushing of the face, and finally clonic contractions of many parts from action spreading to all the motor areas of the brain.

It appears that a nerve-centre may be stimulated by an afferent impulse, and may then discharge its efferent impulse to more than one centre, so that the nerve-currents become reinforced or strengthened,

as they proceed finally to the muscles which produce visible movement.

Such reinforcements occur at the earliest stages of existence, whereas "compound cerebral action" occurs only as a later development.

An augmenting area of action is often considered a sign of emotion or mental excitement. Visible action in the body may rapidly spread as the return of the natural spontaneous action of the nerve-centres; in this case respiration is less interfered with than in the morbid displays of augmenting action: this is well exemplified in the march of spasm in an epileptic fit. In the child let out from school the crowd of movements seen results from the resumption of natural brain action uncontrolled; when fatigue leads to an increasing area of fidgetiness the state may be a return to the more childish condition where spontaneity of movement is usual.

In observing augmenting action (cerebral reinforcement) it is necessary to note if the movement spreads from large parts to small parts, e.g., shrugging of the shoulders, then lordosis with lateral bending of the spine, and later drooping of the head, then movements of the facial muscles, eyes, and fingers; in other cases movement spreads from small parts to larger ones. To set the teeth, double the fist and hit out from the shoulder is to use larger muscles than when the mouth quivers, and the eyes are turned away, with many words and crying. With an augmenting area of movement, the time of action is often quickened, as in conditions of mental excitement.

Diminishing Series of Movements.—Conversely, we may observe a diminishing series of movements, fewer and fewer parts being in visible action, indicating a corresponding limitation of cerebral activity. This may be a quelling of the storm of nerve-action, it may indicate a return to aptitude for mental activity or approaching somnolence, i.e., subsidence of all action, or it may signify cerebral exhaustion. The order of subsidence should be observed.

It may be well to touch briefly upon some points which illustrate the advantages of studying mental phenomena by the methods here described.

(1) We may find certain new signs by which to define the intellectual condition of a subject, its evolution or its deviations from the normal.

*(2) We are enabled to note precisely certain signs indicating the evolution of

* See Author's Paper, *Journ. Ment. Sci.*, April 1889; and *Proceedings of Roy. Society*, June 21, 1888.

before any symptoms of insanity have become well marked. The symptoms divide themselves into two well-marked groups, those of disorder, and those of decay or weakness. A certain number of patients suffering from myxoedema become slowly self-conscious and distressed by the alteration in their appearance, so that, from simple exaggeration of self-consciousness they become suspicious and pass through a stage of watchfulness and expectancy into one of doubt, dread, timidity, and suspicion, till in fact they become fully developed examples of the delirium of suspicion or chronic mania. And as such they may have ideas of exaltation; thus, in one elderly patient in Bethlem, the idea that all sorts of things were being done which she did not understand led her to believe that these things were being done against her; with the increase of the disease, loss of hearing came on, and this caused still greater mental confusion and doubt. Instead of being actively dangerous or violent she slowly passed into a state of satisfaction with all the many attentions which she imagined were being paid to her, so that she became one of the queens of Bedlam.

In these cases it is pretty certain that all the mental symptoms have their origin in the impaired conduction of sensory impressions, so that as there are alterations in the structure of the skin and probably also in the structure of the conducting and receiving nervous organs, the ideas derived from these impressions differ materially from the ideas which were previously originated by similar healthy impressions. This leads to confusion, doubt, and either suspicion or dread; the loss proceeds further so that there is definite intellectual change as evidenced by defects of memory, will-power, and the like. In one group of cases, the chief cause of mental disorder is the idea that persons are noticing their physical peculiarities. Most of these in the end exhibit the same symptoms as those already described; the chief cause of trouble is the idea that being peculiar in aspect they are particularly noticed by people in the streets.

It is from this set of ideas that dread of going out arises. We have met with two such cases, and Dr. Wilks has recorded another; in the one the patient slowly, from being a good-looking young lady, became conspicuously broad-faced and ugly. Living as she did in a small country-town, the change in her face was remarked, and rude village boys used to jeer at her. Later, as the disfigurement

became still more pronounced they followed her, calling out that she was "the pig-faced woman." Naturally this caused her a great deal of distress and worry, so that she avoided going out of doors as much as possible, and then took active steps to defend herself against real or assumed insults. Under these circumstances being violent and threatening she had to be sent to an asylum. In this case it is noteworthy that there was complete sexual perversion. In the asylum she steadily lost power and died of bronchitis with the onset of cold weather. And it is noteworthy that in all such cases the change of temperature is likely to produce serious and often fatal complications in the disease. It will be seen then that with myxoedema there may be a delirium of suspicion, developing out of the personal disfigurement and there may be, primarily or secondarily to the above, progressive mental weakness showing itself in chronic mania with suspicion, doubt, irritability and occasionally violence. The natural termination of these cases is in dementia which may become very pronounced and may be associated with loss of physical power, so that the patient is confined to bed; death generally depends upon some secondary cause. The pathology of the disease does not require special consideration here, but it is noteworthy that the mental symptoms may depend directly upon some alteration in the nervous tissues themselves. In some cases in which we have examined both brain and spinal cord we have been convinced that there were distinctly visible changes which would account, at all events, for progressive weak-mindedness.

It is possible that in some cases the mental disorder really originates from the slowness and imperfection of the nervous conduction due to the changes in the peripheral nervous structures, while in some the defect lies in the changes which have taken place in the higher nervous structures.

Imperfect reception of messages leads to doubt and suspicion, while the progressive degeneration of the highest nervous elements leads to loss of control and later to loss of memory.

Myxoedema is not specially a nervous disease either by origin or alliance.

Mental symptoms may arise from changes in the peripheral or central nervous tissues, so that altered impressions, conceptions, or ideations may arise, leading to various forms of mental loss or confusion.

The dulness produced and the alterations of aspect may be associated with suspicion of an insane type.

were their own offspring, so as to encourage them to place confidence in their caretakers, and communicate their feelings and sufferings to them. This will be at least a relief to those unfortunates, and a charity in the eyes of God."

Should the patient continue to be unduly excited or distracted, drugs were to be administered, some of a soothing nature, and others calculated to drive melancholy away. Actual prescriptions are given.

II. **Murrae Souda.**—In this form of mental disorder the patient is "morbidly anxious and "constantly full of doubts." Here we are confronted with the Grübel-sucht of German alienists. In walking, his eyes rest on the ground, his head and face are thin, his pulse weak, sometimes fast and other times slow, his urine thin and clear. Among the earliest symptoms of ill-health is insomnia. As to treatment, blood-letting if necessary must not be large, or it would add to the debility. Before resorting to it the effect of certain prescriptions was to be tried. "Do nothing to agitate the brain, avoid violent purgatives, give nourishing drinks, also flesh and fish. The patient should live in a place where the temperature is mild, and be surrounded by many trees and roses."

III. **Malikholia a Maraki.**—The humoral pathology comes in here. From the limbs, the humours and the heat of the body pass to the brain. This heat (Marak) ascends, it destroys the soul and darkens intellect. The patient, if not relieved, loses all power of reasoning and action, and the disorder terminates in dementia. He is quarrelsome and dangerous, if the humour affected be bile; but if it be the saliva he will be quiet, and as if under the influence of liquor. The treatment must depend upon whether there are signs of inflammation or not; if the former, bleed and put the patient on a milk diet; if the latter, feed him up.

IV. **Diwangi.**—The sub-division (*Kutrib*) of this type derives its name from a small animal which is for ever on the move, and therefore serves to represent the extreme restlessness which is present in this disorder. As the same word signifies a jackal, it also indicates the howling which such patients sometimes indulge in. They are represented as suspicious, and hiding themselves during the day in woods and among tombs, only coming out during the night. Their expression is sad, they are acutely melancholy, sometimes they lacerate their bodies with thorns and stones. The treatment consisted in compelling the patient "to be constantly em-

ployed, it being of the utmost importance to get the patient to work." The patient might be bled at the outset. If the above treatment failed, water was to be constantly dashed on his head, and he was to be prevented from sitting in the dark. The prognosis was good. We next come in the second sub-division of *Dīwāngī*, to the familiar title of "Mania," the Arabic equivalent being "*Janoon Tabee*," termed by one Arab writer Razuo, "*Janoon Haeg*." Those labouring under this malady smash and tear whatever they come across. In short, they are maniacs. Another sub-division (*Daub-Kulb*) resembles hydrophobia. The patient fawns like a dog. If he bites another person, the latter speedily dies with symptoms similar to those observed in men bitten by a mad dog. The fourth sub-division (*Sadar*) is described as mania associated with "swelling of the brain." We notice here the first reference to restraint. The hands and feet were to be tied, and this for three reasons:—That the patient's restlessness may be controlled; that his brain may have rest, and lastly that he may be prevented from killing himself and others.

V. **Haziyan** is a disorder of judgment involving the loss of the power of thought. It is unnecessary to detail its sub-divisions.

VI. **Raonut**, and VII. **Himak.**—The symptoms under these forms appear to be very similar to the foregoing.

VIII. **Ishk.**—This word signifies a creeper which twines around a tree and gradually causes its death. Grief and weeping, love of solitude, concentration of the mind on a loved object, anxiety and silence characterise this form. The patients labouring under it must be amused and kept merry. Marriage is prescribed as the best remedy of all. The cause given is excessive venery.

IX. **Nisyan** is the loss of memory, the treatment of which was unknown to Najab ud din Unhammad. Neither Mr. Stokes nor M. Loissette appears to have had his analogue in Arabia.

THE EDITOR.

[Reference.—Dr. J. G. Balfour, "An Arab physician on Insanity," Journ. of Ment. Sci. July 1876, from which Paper this article is derived.]

NANOCEPHALUS *νάνος*, a dwarf; *κεφαλή*, head). A term meaning the possession of a diminutive head, the size of the rest of the body being normal. (Fr. *nanocéphale*; Ger. *Zwergkopf*.)

NARCĒ (*νάρκη*, stupor). An old term meaning diminished activity of the nervous system. Applied by Hippocrates to mental torpor. (Fr. *stupeur*; Ger. *Fühllosigkeit*.)

antagonism between the patient and voices that speak to him—no dialogue; when such patients speak to themselves it is in order to repeat in the form of litanies the same words or the same phrases addressed to real persons around them. Visual hallucinations are tolerably frequent. *Physical hypochondriasis* follows. Patients think they have no brain or stomach, &c. They may either deny that they are alive or that they will ever die. The personality is transformed; some speak of themselves in the third person. Patients deny everything, they have no parents, no family; everything is destroyed, there is no longer anything; they have no mind; God himself does not exist. There is a morbid desire to oppose everything. Food is *entirely* refused; such patients refuse because they are unworthy, because they cannot pay, because they have no stomach, &c. The course of this form is at first intermittent, then continuous.

On the other hand, the symptoms of **persecution mania** are as follow:—The patient does not as a rule present the usual *facies mélancolique*. *Hypochondriasis*, especially *physical*, is observed at the onset. The patient holds aloof from the external world and the harmful influences coming from various sources—especially from the midst of social life. He does not accuse himself: he rather boasts of his physical and moral force, and the excellent constitution which allows him to bear so many evils. Suicide is comparatively rare. Homicide is more frequent. Disorders of common sensation are very rare. Auditory hallucinations are constantly developing themselves as is well known. Visual hallucinations are very rare. Moral hypochondriasis is secondary. Patients declare that their persecutors attack the moral faculties, and that they are made idiotic. There is *délire des grandeurs*. The refusal to take food is *partial*. In consequence of the fear of being poisoned, patients eat voraciously such food as they believe not to be poisoned. The course of the disorder is remittent or continuous, with paroxysms.

The above presents in a lucid form the points of differential diagnosis between insanity of negation and that of delusions of persecution as sketched by M. Cotard. Examples are given. One is that of a lady who when asked, "How do you do, madame?" replied, "The person belonging to myself is not a dame, call me Mademoiselle, if you please."

"I do not know your name. Will you tell it me?"

"The person belonging to myself has no name; I desire that you do not write it."

"I still desire to know your name, or rather what you were formerly called?"

"I understand you. I was Catherine X—. It is needless to speak of what took place. The person belonging to myself has lost her name. She gave it away when she entered the Salpêtrière."

"How old are you?"

"The person belonging to myself has not an age."

"Are your parents still living?"

"The person belonging to myself is alone, has no parents and never had any."

"What have you done? and what has happened to you since you became the person of yourself?"

"The person belonging to me has remained in the Asylum of . . . Experiments, physical, metaphysical, have been and are still made upon it."

In attempting to trace the pathological evolution of those melancholiacs who accuse themselves, and of those patients who labour under the insanity of negation, M. Cotard sketches in the first instance the principal characters of the mental condition of the former. In the simplest form they are those which belong to the variety of melancholia known as "simple" or "without delusion," or, as some term it, moral hypochondriasis (J. Falret). Already such patients present a negative condition of mind. They mourn over their lost energy and feeling; they assert that they no longer feel affection for their friends or even their own children. Ideas of ruin arise and appear to be a *délire négatif* of the same nature. There is a veil interposed between the patient and his surroundings, which, as in cases of mental stupor, may become so opaque as to entirely mask the world of reality. There is, M. Cotard holds, only a difference of degree between the foregoing conditions of moral hypochondriasis, self-accusation, and the systematised delusion of negation. It is easy to understand the transition from a sense of the external world being changed and the denial of its existence. Even the state of mind which leads the patient to deny the possibility of his recovery, logically ends in an absolute disbelief in his environment and his own existence. While some patients believe in their immortality, asserting to the last moment that they shall not die, patients who pass into a state of delusional stupor, imagine that they are dead.

In classifying cases of insanity of negation, M. Cotard gives **three categories**, the **first** of which comprises what he calls the simple condition (*état de simplicité*), the **second**, those cases in which it is a symptom of general paralysis, and the

age fall to be considered in the body of this article. In regard to heredity, it may be remarked that through whatever channel a tendency to nervous degeneration may have been introduced into the constitution of a family, or of an individual, it may make itself felt in two directions: either in arrest of development of the bones of the skull, or of the brain itself, and consequent idiocy or imbecility; or by the development of the nervous diathesis. The former are conditions fixed by the pathological circumstances under which their subjects are born (constituting a true congenital insanity), and are effectually marked off from the results of the nervous diathesis. They present themselves in two forms: first, a liability to break down under circumstances which would not affect persons of originally stable constitution; and second, in irregular and abnormally defective nervous action. Thus, hereditary predisposition may act as a factor common to all classes of insanity, whatever their immediate causes may be; or it may be an independent factor in itself. The nervous diathesis affects actually or potentially the whole nervous system, and it is by no means certain that it will appear in the same form in the descendant as it did in the parent; hence, if we take a family stock in which the nervous diathesis is strongly developed, we may find in the first instance individuals in no way affected by it; in some it may result in outbreaks of insanity, in others of uncontrollable drinking, in others of epilepsy, in others of violent neuralgias, while in some we may have varieties of unstable, passionate, and eccentric tempers which never break down into actual disease at all. Once established there is no possibility of predicting in what direction it will act.

An important preliminary question to determine in pathology is, do morbid processes going on in the brain or its membranes act under conditions materially different from those occurring in other regions? It has been generally asserted that they do act under a special condition in consequence of the assumption that the cranium is a "practically closed sac," which assumption has actually taken the position of an axiom. The cranium is not by any means a closed sac. The dura mater, which is practically its periosteum, and the pia mater, have numerous and extensive conduits, the sectional area of which is considerable, to the extra-skeletal lymphatic system, passing through each foramen at the base of the skull and in the vertebral column.

The immense activity of the contained organ, and its constant changes of size, demand free exit of the products of waste and unused material, and for the fluctuation of the normal cerebro-spinal fluid. The patency of these conduits may under certain conditions of disease, mainly increase of blood-pressure, be compromised to a considerable extent; still they are never completely closed, and an interchange of fluid constantly goes on between the interior and exterior of the cranium.

Were the cranium a "practically closed sac" pressure would be diffused equally all through its contents, which we know is not the case in brain abscess or apoplectic clots; and local tension can even exist, limited by the resistance of connective and other tissue, as in other regions of the body. Were the axiom alluded to correct, the rigid skull would be as much a cause of death under diseased conditions, as it is a protector of the delicate organ it contains against the ordinary accidents of life. But the brain is liable to suffer under pathological conditions from a circumstance which does not affect many other important organs; it can obtain no vicarious aid, it cannot delegate any of its functions to other systems, it must do its own work, and rid itself of its own products of waste and disease.

When we analyse the list of *immediate* causes assigned as the producers of insanity in cases, as they present themselves, we find them to be divisible into nine great classes. It may be admitted that in a certain proportion accuracy of statement cannot be guaranteed; but, allowing for error, there is adequate warrant for ranging immediate causes under the following heads:—

- (1) Over-excitation of the higher brain function.
- (2) Idiopathic morbid processes.
- (3) Adventitious products.
- (4) Traumatism.
- (5) Secondary effects of other neuroses.
- (6) Concurrent effects of disease of the general system.
- (7) Toxic agents.
- (8) Concurrent effects of evolutionary and involutional conditions.
- (9) Heredity.

Over-excitation of the Brain is universally acknowledged as an inducer of insanity without the intervention of any other morbid factor. Over excitations, whether produced by such emotions as joy, sorrow, fright, anxiety, or by unduly prolonged intellectual action, are generally spoken of as "moral" causes, and in many works on insanity are placed in

paralysis are the result of similar pathological changes. Lewis states that "extensive atrophy of these large elements of the cortex is coincident only with the most advanced forms of alcoholic dementia; the earlier stage of vascular impairment and the growth of young scavenger cells in the peripheral zone, ere the cells themselves are involved, being apparently associated with the maniacal excitement and early delusional perversions of alcoholism. . . . Whilst the cortical lesions of general paralysis indicate an invasion from without inwards, affecting the sensory elements and apical (? sensory) poles of the motor-cells; alcoholism induces in addition thereto, extensive vascular changes from within outwards, implicating the medulla of the gyri and affecting a destructive degeneration of the medullated fibres."

These points, insisted on by Lewis, are of very considerable interest in connection with ætiology of the alcoholic condition and of general paralysis. We have in alcoholism the condition of an etherial poisoning rapidly making its way to the blood, giving rise to irritation of the intima. The effect of this poison on the extremely active connective-tissue cells, with which it comes into contact, is not marked, and such of the alcohol as is not directly and rapidly excreted is rapidly broken down, so that the effects on the lymphatics, except in the later stages of the poisoning when nutrition and activity of the cells is very greatly impaired, is not a very marked factor in the process; but when that impairment of activity and nutrition does come on the changes in the lymph connective tissue go on rapidly, and we have the conditions associated with general paralysis.

In Lewis's statement, although he does not use it, we have a strong argument in favour of the occasional syphilitic origin of general paralysis. It is a well-known fact that the poison of syphilis circulating through the body, attacks, not only the intima of the vessels, but also the adventitia, and the lymph connective system; in point of fact the poison, comparatively stable, passes from the vessels into the lymph spaces, disturbs the functional action of the various cells, interfering with their nutrition, giving rise to abnormal stimulation, and bringing about the conditions met with in general paralysis.

Stating the matter briefly *alcohol* acts on the blood-vessels and on the nerve cells in the first instance, and only later affects the lymph connective tissue; whilst the syphilitic poison acts almost from the first on the whole three, and so gives rise

to marked tissue changes, and clinical consequences; the congeries of symptoms of which are summed up under the term general paralysis.

Lewis here makes an exceedingly laudable attempt to associate symptoms with ætiology and pathology, and he sums up thus:—

"The constitutional state engendered in chronic alcoholic insanity is identical with what forms the basis of chronic Bright's disease; and as in this affection we have a multiplicity of local expressions of the morbid lesions, so, here, we find the tendency is towards a concentration in the nervous centres; atrophic states of brain, or of spinal cord, or of both combined, are thus induced by predominance of (a) simple fatty degeneration of their nutritive vessels and tissues; (b) from fatty degeneration associated with interstitial sclerosis; (c) from diffuse sclerous, interstitial change; (d) from peri-arteritis and hypertrophy of the tunica muscularis.

"In the peri-arteritis, occasionally engendered in chronic alcoholics of a certain age, we probably see the boundary line overstepped betwixt simple alcoholic insanity and general paralysis of the insane; and we have resulting therefrom, in a more acute spread of the cortical lesion, what might be regarded as general paralysis accidentally evolved out of chronic alcoholism, or, as some would less correctly state the case, general paralysis caused by alcohol. Alcohol has its own rôle to play, and a most extensive one it is; but, the tissue changes engendered thereby are always as highly characteristic as are the morbid sequences of general paralysis, and we must seek to dis sever from the latter disease our notions of alcohol playing the part of a direct ætiological factor, in the sense of originating the primal tissue changes by which the disease is characterised."

Following out the analogy of the kidney it may be pointed out that even the changes in the brain in acute alcoholic mania may be likened to acute changes in the kidney also due to alcoholic poisoning. We have cloudy swelling of the functionally active or secreting cells of that organ; they become swollen, their protoplasm is even more granular than normal; the vessels are dilated. One of three things may happen in either case; first, excretion of the alcohol, and the cells, if allowed to rest, return to the normal condition; secondly, in consequence of chill, or the results of any extra exertion being thrown on the kidney during this stage of exhaustion, acute inflammatory changes are set

Pons and Medulla. External Alterations in shape
Section—1. Consistence
2. Colour of grey matter
3. Ditto of white matter
4. Softenings
5. Hæmorrhages
Fourth Ventricle : 1. Membrane
2. Granulations *absent*
3. Choroid Plexus
Pituitary Body and Infundibulum
Pineal Gland
Microscopical Examination, Results of—

MORBID ANATOMY OF ORGANS.

HEAD.

<i>Scalp</i>		
<i>Skull-Cap</i> : Capacity	weight	sp. gr.
Outer table		
Diploë		
Inner table		

ENCEPHALON.

Dura Mater : 1. Adhesions (a) to Bone
(b) to Pia Mater
2. Thickenings
Sinuses
Veins from Pia
Arachno-Pia : 1. Milky
2. (a) Adherent to Dura
(b) Separated from Brain by Fluid { 1. Anterior
ii. Vertex
iii. Posterior
iv. Basal
3. Fibrous Bands to Dura
4. Pachymeningitis Extent Position of
5. Hæmorrhages
Pia (a) Adherent to Brain matter
Blood-vessels
External Configuration of Brain as a whole as regards complexity of convolutions, shape, &c.

CEREBRUM.

Convolutions, superficial atrophy, &c.
1. Frontal—Right
Left
2. Parietal—Right
Left
3. Temporo-sphenoidal—Right
Left
4. Occipital—Right
Left
Sulci wide compressed

SYMPATHETIC GANGLIA AND NERVES.

THORAX.

<i>Left Lung</i>	<i>Right Lung</i>	
<i>Heart.</i> Cavities : Size and shape		
Contents		
Valves—		Cone Diameter.
Pulmonary	competent	
Aortic	competent	
Tricuspid		
Mitral		
Muscle		
<i>Vessels</i>		
<i>Blood</i>		
<i>Mediastinum</i>		

ABDOMEN.

<i>Liver</i>	<i>Right Kidney</i>
<i>Gall-Bladder</i>	<i>Left Kidney</i>
<i>Spleen</i>	<i>Stomach and Intestine</i>

• The terminology here differs from that of Dr. Barrett.

interpretations have been vague, indefinite and confused. The patient imagines that *somebody* is about to do him harm, but he does not know who, nor why, nor how. *Somebody* is the expression he uses, and *somebody* he complains of. Soon he goes one step further and commences to attribute to a body of men the animosity of which he is the object, to secret societies, to the freemasons, to the Government, or to the police. The number of his enemies is legion, but an organised legion which marches in a body against him. One more step, and his suspicion turns against this or that individual, who becomes his persecutor. In many cases he shows great ill-will towards this pretended persecutor, on whom he wishes to take vengeance. It is, however, necessary to add that the last step mentioned takes place in the following period.

At this point, the patient who labours under persecution-mania has not any hallucinations strictly speaking, his senses, however, begin already to be disordered. Occasionally he believes that he hears a vague noise, a murmur or a whisper. Natural noises, as the rattling of a cart, steps on the staircase, or the opening or shutting of a door, become sounds for him which are connected with his prepossession. One of our patients was unable to go to the railway station because the whistling of the engines appeared to him to be signals given to his enemies; he imagined that the whistling said, "There he is; there he is;" and he ran back to his house.

From this point it is one step only to the period of actual hallucinations, which soon appear at the same time with a variety of troubles of general or special sensibility.

Period of Sensory Disorders.—This is the period when persecution-mania is at its height, and when that factor appears which is essential to, and characteristic of, this form of mental disorder, viz., hallucinations.

Of all hallucinations the principal one is that of hearing; it is of such importance that most authors following Lasègue, consider it as the only one essential to persecution-mania. There are, however, a few cases in which other forms of hallucination are met with. In any case, the auditory hallucinations are almost always the first to appear.

We have mentioned above that at first hallucinations consist of simple noises, and, to use a term which Ball applied to them, are elementary; afterwards they become more defined, and the patient begins to hear voices, which, however, are still at some distance and confused so that

the patient does not easily understand the words; in addition to being distant, they are also uttered in a deep voice. Rapidly they seem to be nearer, and become more distinct. At first the patient hears only isolated words which are abusive, insulting and obscene; the patient hears himself called murderer, assassin, drunkard, or similar epithets. Then the isolated words become framed into more or less lengthy sentences, which are all of the same character, and in which accusation, insults and threats always predominate.

These auditory hallucinations are heard by day and night, but they are generally most intense at the beginning of the night. Most patients hear them with both ears, but some also, as Régis has proved, hear them on only one side. They may come from all directions, through the ceiling or the walls, and through the chimney, or out of cupboards and wardrobes; sometimes they come from underneath the ground, and are then heard not only with the ears but by means of a transmission of the vibrations by the whole system. This is analogous to the fact observed in deaf-mute individuals, who perceive the sounds of music with their stomach.

At the moment, the patient believes that he hears clearly and well-articulated words; he also believes he recognises the voice of a certain person whom he considers as the originator of all the persecutions of which he himself is the victim; the voice of this individual, who is the cause of all misfortune, harasses the patient incessantly. Thus he recognises a physician, a priest, or even his father or mother, and consequently directs against these his hatred and desire for vengeance.

Hallucinations of sight are very rare in persecution-mania. Lasègue was of opinion that patients presenting them do not belong to the classical type, and most authors agree with this view. According to him, the patients are incapable of generating visual hallucinations. They are indignant if considered capable of having visions. Some declare that they have often tried to get their persecutor face to face, but that they have not succeeded, because he has run away or has hidden himself without any possibility of tracing him.

Hallucinations of smell and taste are frequent, although much less so than those of hearing, and they soon impress their mark upon the character of persecution-mania. The patient smells foul, nauseating, and intolerable smells, which he attributes to vapours or chemical agents placed in his neighbourhood. Some believe that they are surrounded by an atmosphere of sulphur. One of our

His brain after death was found to have a small spot of limited softening on the tip of the left occipital lobe, there were four bony spicules projecting into the dura mater from inner table of skull-caps; over first frontal convolution. The brain substance was otherwise normal in appearance. There were cavities, purulent infiltrations, and tubercular depositions in both lungs. The liver, kidneys, and pancreas were waxy.

Pathology.—Strictly speaking, phthisical insanity cannot as yet be definitely connected with any pathological change demonstrable after death in the brain. Deposition of tubercle in the organ is very rare indeed in the insane. We found it in only eight cases out of 282 who were tubercular. But there was one morbid appearance in so many of the cases, that one cannot but connect it in some way with the mental symptoms during life. This was a general and great anæmia of the grey matter of the convolutions with more or less of atrophy, with a great pallor of the white substance, and a distinct tendency to loss of consistence in most parts, and limited areas of congestion. The loss of consistence was especially marked in the fornix and its neighbourhood, being sometimes diffuent at that part. Louis noticed this softening of the fornix in many of his cases of phthisis who *were not* insane, and he associates the lesion with the tuberculosis. The specific gravity of the grey matter Skæ found to be considerably below the mean in those who had died of phthisis.

The whole condition of the brain gives the impression of an ill-nourished organ. As yet we know nothing for certain of the direct influence on the mental functions of the brain of the myriads of specific bacilli that must circulate in the blood in the various infective diseases, or of the poisons which the bacteria either create, or in which they find a nidus, but we do know that the delirium is different as in different fevers, being low and "muttering" in one, fierce and noisy in another, gently chattering in another; this difference in character not being accounted for by differences of temperature. We know, too, that most men may take a catarrh, and have a temperature of 104° , without much risk of "wandering" at night, while few patients go through an attack of typhoid without more or less delirium, or mental confusion, though the temperature may never rise much above 100° . So in phthisis pulmonalis we have the unknown effect of the tubercle bacillus and its ptomaines circulating in the brain to account for the *spes phthisica*, or the

suspiciousness, or the moroseness exhibited by various phthisical patients.

Many acute observers, Dr. Maudsley amongst them, think that there is not only a phthisical insanity, but a morbid psychology of phthisis in many cases apart from technical insanity, and apart from the *spes phthisica*. Persons of a strongly tubercular diathesis and with a consumption heredity, have been observed in too many cases to be a mere coincidence to exhibit an irregular mental brilliancy without balance, a fancifulness, a causeless changing from hope to despondency, an incapacity for continued mental exertion, a causeless suspiciousness at times, that we cannot but connect with the influence of weak respiratory organs on the brain. And if careful inquiry is made of those who have been their constant attendants during their last illness, and have observed the mental condition of two or three consumptive relatives, they will often tell you of the whimsical notions, the mental unrest, the vivid fancies, almost amounting to delusions, that they have noticed. It stands to physiological reason, that, as consumption is often essentially a disease of innutrition, the brain cortex should suffer like the rest of the body, at all events in some cases.

T. S. CLOUSTON.

PHTHISIOPHOBIA (Fr.). A morbid dread of phthisis.

PHYGANTHROPIA ($\phi\upsilon\gamma\eta$, flight; $\alpha\nu\theta\rho\omega\pi\omicron\varsigma$, a man). Misanthropia.

PHYSIOGNOMY OF THE INSANE.—The article on the Expression of the Face (p. 482), by Dr. Warner, and the description of the facial expression and gestures in melancholia, &c., under the head of various forms of idiocy and insanity will afford the reader a large amount of information. In this connection should be also read the article by Dr. Crochley Clapham, on the size and shape of the head (p. 574).

The reader of Lavater's "Physiognomy" finds him advising those who would study this art to begin with the insane. It has been pointed out, however, by Dr. Bucknill,* that "to *commence* the study of physiognomy in a lunatic asylum, would be not less impracticable than to study physiology in the first instance by means of pathology. It would have been as irrational to expect that the functions of the lungs could be discovered by the inspection of a piece of hepatised pulmonary tissue, as that the signs of natural expression could be determined solely by the observation of that which is strange

* "Manual of Psychological Medicine," 4th edit. p. 420.

seen in this muscle (alone or in combination with the corrugator supercilii) than in any other of the muscles of expression." And Dr. Turner thinks that "by carefully studying the symptoms of paralysis of movements, together with the pathological appearances of the brain in suitable cases, we shall ultimately be enabled to identify the site or sites in the cortex, whose integrity is necessary for the proper accomplishment of those physical changes which accompany these emotions, and which are eventually expressed at the periphery in the form of muscle contraction."

Ch. Féré in "Les signes physiques des Hallucinations" endeavours to show that "with the various hallucinations there may be special expressions which may become organically fixed and may thus serve as aids to diagnosis," and that in some cases there are special wrinkles formed about the eyes, the mouth, and nose, in direct relation with the habit of mind induced by chronic hallucination. In at least one case he found that when the hallucinations were on only one side, the wrinkles were also one-sided. Referring to these statements Dr. Turner observes: "It seems to me highly likely that these one-sided wrinkles to which Féré refers have no other relation to the one-sided hallucinations than exists in the fact that whilst disorder of some of the higher centres in one half the brain may produce hallucinations of the senses, it also produces paralysis of certain movements accompanying certain emotional states."*

We are indebted to Dr. Turner for photographs representing the facial characteristics of four patients in the Essex County Asylum, asymmetry being common to all.

Fig. 3, Pl. II.—F.M.L., aged 21, her insanity on admission two years ago was of two years' duration. She was then maniacal for a week or so, but quieted

* It will no doubt be objected to the importance attached to facial asymmetry, that a great many sane people present the same physiognomical signs. On this point Dr. Turner observes: "We must not expect asymmetry of expression to be peculiar to insanity, inequality in the size of the pupils occurs comparatively frequently in others than the inmates of asylums, and I have met with many and marked instances of asymmetry in the lines produced by the contraction of the muscles of expression; but although I have no tabulated results as to these cases, I am certain that they are more frequently to be met with in nervous, excitable people, in whom an unstable condition of the higher nervous centres exists. I have seen good instances in those who come to visit their insane relations here [Brentwood]; in hysterical girls, religious fanatics, and rarely, if ever, in robust, healthy individuals" (*Journ. Ment. Sci.*, Jan. 1892).

down, and ever since has been in an apathetic condition, gradually drifting into dementia, sitting huddled up with her head bent down, speaking in a whisper and never spontaneously; only moving when urged—fond of chewing bits of paper. With the increase of degenerative brain-changes, asymmetrical conditions appeared first in the face and then in the trunk. These began by slight elevation of the left eyebrow, which was more arched than the right. The elevation became more and more marked, when present, but at no time was it a fixed condition, being only assumed with certain emotional states.

The pupils, which on admission were equal, became unequal, the right being slightly the larger, and now when standing up she droops over on the right side. The asymmetry is described in a note made recently as follows:—She keeps elevating her left eyebrow, which is angular, causing well-marked furrows on the left side of the brow. When she frowns and brings into play the internal portions of the occipito-frontalis and the corrugators, although there is very considerable furrowing of the outer half of the left side of the brow, the right outer half is quite smooth.

Since the foregoing was written she has died of phthisis. There was adhesion of the meninges to the incus on both sides, but very much more on the left, which was decidedly softer than the right, being almost diffuent. Over the pre-frontal lobes, the meninges were thickened in patches, the ventricles were dilated and full of fluid. Lungs extensively infiltrated with tubercle, the left being more disorganised than the right.

Fig. 4.—Annie T., aged 32, admitted in good health and suffering from acutely melancholic symptoms which had appeared within a few weeks of admission. She was restless, resistive, and troublesome; her face wore a mingled expression of perplexity, misery, and fear. She exhibited a most extreme condition of asymmetry, called forth when she was startled, or by a reference to some topic displeasing to her. Sometimes the occipito-frontalis on the right half of her forehead contracts, but when it does so it is as part of a symmetrical associated action in the *voluntary* elevation of both brows. The asymmetry appears to be due to the non-action of the right half of the occipito-frontalis, whilst at the same time the left half and both corrugators are acting. The paralysis of the occipito-frontalis on the right side allows the unantagonised corrugator of the same side to pull down the skin on this side more forcibly, it being in

long ago discovered that impressions on the sense of sight were much more quickly apperceived when they were expected; the interval elapsing between the external stimulus and its apperception was by them called Physiological Time.

PHYSOSTIGMA. (See SEDATIVES.)

PICA (the magpie, either from its varied colour or because it was supposed to subsist on mud and earth). A term for depraved appetite with regard to the quality of the food. It is seen commonly in insanity, pregnancy and hysteria, and less commonly in chlorosis. (Fr. *pica*; Ger. *Elster*.)

PIQUEUR. — Term corresponding to the English "Jack the Ripper."

PLAGIOCEPHALIC IDIOCY. (See IDIOCY, FORMS OF; IDIOCY, PLAGIOCEPHALIC.)

PLANOMANIA (*πλανάομαι*, I wander; *μανία*, madness). A morbid tendency to wander away from home and to throw off the restraints of society.

PLATANGST. Agoraphobia (*q.v.*).

PLEA OF INSANITY. (See CRIMINAL CASES, PLEA OF INSANITY IN.)

PLEAD (Capacity of Insane to).— Before a person is actually placed upon his trial, there are some preliminary steps which have to be taken. In the first place, the indictment goes before the grand jury, which, however, has no power to take into consideration the question of the mental condition of the accused, but which is required to say whether it finds a true bill or not, irrespectively of any question of sanity or insanity. In the event of a true bill being found by the grand jury, the accused is then arraigned, and is called upon to plead: and then may arise the question whether he is in a fit state of mind to be placed upon his trial; for as Blackstone* says, "If a man in his sound memory commits a capital offence, and, before arraignment for it he becomes mad, he ought not to be arraigned for it; because he is not able to plead to it with that advice and caution that he ought."

So, too, the Act of 1800,† enacts in the second section, that "if any person indicted for any offence shall be insane, and shall, upon arraignment, be found so to be by a jury lawfully impannelled for that purpose, so that such person cannot be tried upon such indictment, or if upon the trial of any person so indicted such person shall appear to the jury charged with such indictment to be insane, it shall be lawful for the Court . . . to direct such finding to be recorded, &c."

* "Commentaries of the Laws of England," by Sir William Blackstone, Knt., book iv. ch. ii.

† 39 & 40 Geo. III., c. 94.

But here the question at once arises as to the degree of unsoundness of mind which has to be proved before it can be said that a person cannot be tried; and in order to endeavour to arrive at an answer to that question it may be well to consider a few recent cases, which, for the sake of convenience may be grouped as follows:—

(1) **Simple unopposed cases.**

(2) Cases in which counsel for the defence submits that the accused is **unfit to plead**; whilst counsel for the prosecution maintains the contrary.

(3) Cases in which counsel for the prosecution submits that the accused is **insane**, whilst the accused himself objects to this, and **insists on pleading**.

(4) Cases in which the accused is **mute on arraignment**.

(1) As an instance of a simple unopposed case the following may be taken. At the Spring Assizes for the County of Cambridge, held in February 1890, before Mr. Justice Denman, Walter Lawrence,* a labourer, aged 36, was charged with the murder of his son, on the 18th of February, 1890. The prisoner, on being arraigned, made no plea, and the learned judge asked whether any one suggested anything as to the man's state of mind, and said that before any evidence could be taken, there must be some suggestion, however informal, to the effect that the prisoner was not capable of taking his trial. The foreman of the grand jury then intimated to his lordship that one of the witnesses (Mr. Kidd) who had given evidence before the grand jury, had stated that he had attended the prisoner for an affection of the brain. The jury was then sworn to try the question whether the accused was capable of taking his trial. The report then goes on to say that his lordship explained to the jury that a man was supposed to be sane until the contrary had been proved. But when it was suggested that his state of mind was such that he was incapable of answering such a question, for instance, as whether he wished to employ counsel, or to object to any jurymen, then it was not a case which would be put on trial. It was suggested that there was a doubt about this man's state of mind, and it would be the duty of the jury, after hearing evidence, to say whether they found him capable of being tried or not. Evidence was then given by Mr. Kidd that he had had the prisoner under his care for epilepsy and general cerebral disturbance. He thought the man was incapable of knowing what was taking place, and that

* The Cambridge Chronicle, Feb. 28, 1890.

believed that it had been revealed to him that the offspring of a virgin was to transmit his theories, as to his medicines, to posterity; and that, underlying these delusions, there was a condition of morbid exaltation and mental enfeeblement. Mr. Baron Pollock, in charging the jury, said "If the balance of a man's mind was disturbed by some hallucination, or if he believed there was a special and Divine interposition in his favour, for the benefit of the world, by which a male child should be born to him, and that the office of that child in the world should be something special, one could hardly imagine anything that could be more dangerous." His lordship laid stress on the evidence of Dr. Clouston, who said that in spite of the prisoner's position the dominant idea in his mind was the delusion as to his medicines and the benefit they were destined to do to the world.

The jury returned a verdict that the accused was "not capable of defending the case against him," and his lordship made his customary order for detention during Her Majesty's pleasure.

Although this man was unquestionably insane, and was incapable on that account of pleading to the charge "with that advice and caution that he ought," or of "taking a rational part in the trial," yet it could scarcely be said that his mental derangement was such as to render him incapable of knowing when he was in prison, or when he was going to take his trial, or what was taking place in Court.

One more case may be cited for the sake of the terms in which the same learned judge directed the jury.

Thomas Mills, aged 57, was charged at the Ipswich Assizes in May 1884, before Mr. Baron Pollock, with the murder of his wife. He had beaten her to death, with a stake, and then he gave himself up to the police, and said he did not know why he had done it. When about to be arraigned, evidence was given by Dr. Eager, the medical superintendent of the Suffolk County Asylum, to the effect that the prisoner was insane and unfit to plead. Upon this, the learned judge directed the jury that "there was a law that no man could be tried except he was present at his trial; and present, not only in body, but also in mind, in such wise that he could take a rational part in the trial, understand the evidence against him, and do his best to defend himself against such a charge."

The jury returned a verdict to the effect that the prisoner was insane and unfit to plead.

In this case, again, it will be seen that a

prisoner may be quite aware of the nature of the act that he has committed, may give himself up to the police for it, and may know quite well when he is in prison and when he is being tried, and yet may be held to be unable, by reason of his mental condition, to "take a rational part in his trial, understand the evidence against him, and do his best to defend himself against such a charge."

(2) Leaving for the present the unopposed cases, and coming to those in which the point, whether the accused is in a fit mental condition to take his trial, is closely contested, the following may be taken as useful examples:—

The first of these is reported in the *Leeds Mercury* of the 17th of February 1888.

William Taylor was indicted at the Yorkshire Winter Assizes, held at Leeds, in February 1888, before Mr. Justice Day, for the wilful murder of his daughter, and also of a police superintendent, at Otley, on the 24th of November, 1887.

The prosecution was conducted by Mr. Hardy and Mr. C. M. Atkinson; and the prisoner was defended by Mr. Waddy, Q.C., and Mr. Kershaw.

Mr. Waddy said that, acting on the advice of several eminent medical witnesses, he would ask his lordship to enable him to put an issue, in the first instance, as to the power of the prisoner to plead. He was prepared with evidence to show that at the present moment the man was insane. The jury having been sworn to decide this issue, Dr. Clifford Allbutt was called, and stated that he had examined the prisoner on the previous Saturday, and also on that (Thursday) morning before the sitting of the Court.

Mr. Waddy then put this question: "And on Saturday was he sane or insane?" But Mr. Hardy, for the prosecution, objected to that question, and his lordship sustained the objection, observing that the condition of the man's mind was a matter for the decision of the jury. Upon Mr. Waddy urging that he was entitled to ask the witness, as an expert, what his opinion was, his lordship said, Certainly not. That was a matter on which he was perfectly clear. Experts were not to be asked their opinion on subjects which it was the function of the jury to decide. He was not laying this ruling down with reference to that particular case, or with reference especially to questions of sanity. He laid it down in all cases in which scientific or expert witnesses could be called to give evidence as to their opinion. Mr. Waddy then said that he proposed to put witnesses into the

lordship, witness said he had not tried to engage the prisoner in general conversation, but, with the exception of a reference to his wife, he had confined the conversation to the subject of his delusions. The Rev. Mr. Brooks gave evidence that he had visited the prisoner in prison about a dozen times and that he had found him subject to delusions the whole time. Prisoner said God had told him he could not kill, and, therefore, it was impossible. Dr. Wright, consulting physician to the West Riding Asylum at Wakefield, agreed with the account given by Dr. Ritchie and Dr. Allbutt as to the prisoner's manner; and he believed there was no feigning or exaggeration on the part of the prisoner. This concluded the evidence in support of the contention that the prisoner was unfit to plead; and then Dr. Clark, the medical officer of Wakefield Prison, Dr. Bevan Lewis the medical superintendent of the West Riding Asylum, and Mr. Edwards, the medical officer of Armley Gaol, were called by the prosecution for the purpose of proving the contrary, namely, that the prisoner was in a fit state of mind to be called upon to plead. Dr. Clark said that whilst prisoner was in the gaol at Wakefield he had enjoyed good health, had slept well, and had exhibited no symptoms that would lead to the supposition that he was insane; and that he answered all questions rationally and intelligently.

By his lordship: "Prisoner knew he was in gaol and that he was about to take his trial."

Dr. Bevan Lewis, in his evidence, stated that he had examined the prisoner on two occasions at Wakefield, and had not observed in him any appearance of insanity. He had conversed with the prisoner on general subjects, and the man talked rationally.

Mr. Edwards agreed, generally, with the two previous witnesses, but he admitted, in cross-examination, that the prisoner had spoken to him of the four endowments, health, strength, knowledge, and prosperity, mentioned by Dr. Allbutt, and that he had lately been incoherent in his manner. The prisoner had asked witness several times if he thought a man in his sane mind could commit such a crime as that with which he was charged. In reply to his lordship, Mr. Edwards said that at Armley Gaol the prisoner had been associated with two other prisoners; and, by the direction of the learned judge, these men were sent for, and one of them deposed that the prisoner did not seem to remember anything about the crime with which he was charged, but that he had

said that he thought he should be confined in an asylum, as the result of the trial. Counsel having addressed the jury, for the prosecution, and for the defence, his lordship pointed out what he considered a very singular remark of the prisoner's, with respect to the asylum, which he did not think would be made by an insane man. And then, after a few minutes' consultation, the foreman announced that the jury were unanimously of opinion that the prisoner was sane.

The prisoner was then indicted for the wilful murder of the superintendent of police, and when called to plead, said, "I know nothing about it." The trial then proceeded, and occupied the remainder of that day, as well as the greater portion of the following day; with the ultimate result that the jury found a verdict to the effect that the prisoner was guilty of the murder, but that he was of unsound mind when he committed the act; upon which the usual order was made for his detention as a criminal lunatic.

The fact that the medical witnesses were divided in opinion in the foregoing case may possibly have formed one of the reasons which led the jury to say, by their verdict, on the first day, that, in their opinion, the prisoner was sane, so as to be fit to take his trial; but it would be by no means right to conclude that this was the only reason; as will appear from a consideration of the following case, in which, although the medical officer of the gaol, in which the prisoner had been confined whilst awaiting trial, regarded him as being unfit to plead by reason of his mental condition, and although he was supported in this opinion by the medical superintendent of the County Asylum, who had examined the prisoner upon instructions from the Home Secretary, nevertheless, it was decided otherwise, and the case was tried out; with, however, the ultimate result, in this case also, that the prisoner was declared by the verdict of the jury to have been "insane at the time he committed the act." The case is fully reported in the *Norfolk News* of November 19, 1887: Arthur Edward Gilbert Cooper, aged 34, clerk in holy orders, was indicted for feloniously, wilfully, and of his malice aforethought, killing and murdering the Rev. William Farley, at Creetingham, on October 2, 1887. The case was tried before Mr. Justice Field, now Lord Field, on November 15, 1887, at Norwich. In his charge to the grand jury, on a previous day, his lordship had referred to the case in the following terms: "It is a very sad case. It is one in which a clergyman, the rector of the parish of Creetingham, came

Mr. Murphy: "Now tell me what occurred on November 1. Have you any notes you made at the time?"

Witness: "No, not here."

His lordship: "After this, do you think it necessary to go on?"

Mr. Murphy: "Oh yes; the impression formed at the previous examination, made on November 1, may be confirmed, in a few minutes, later on, by a look as well as by a question."

Witness: "I was with him for an hour on November 1."

His lordship intimated that he should leave the question to the jury upon facts, not upon opinions, so that it was important to have facts.

Witness: "I sent a report to the Home Office."

Mr. Mayd (counsel for the prosecution): "That report gives no details of any conversation."

His lordship: "In the second paragraph of your report, dated November 2, you say, 'He is now hopelessly insane, and irresponsible for the action.' Will you tell us what are the facts upon which you founded that opinion—that he was hopelessly insane?"

Witness: "From his appearance, which was very vacant. His manner was hesitating and doubtful."

Mr. Murphy: "Was he serious, or otherwise, in his conversation?"

Witness: "He was mostly serious."

Mr. Murphy: "Was he laughing?"

Witness: "At one time he stood up, his expression became fixed, his eyes half closed, and he seemed to be looking into space. He was perfectly unaware, apparently, that I was in the room until I called his attention to myself."

Mr. Murphy: "How did you call his attention?"

Witness: "I said, 'What are you doing?' He suddenly came to himself, jerked his head up, and laughed in a very foolish way."

Mr. Murphy: "Can you tell us any other facts upon which you founded this judgment?"

Witness: "He said, 'I feel that I am influenced by people I cannot see.' I think he volunteered that. I said, 'When do you feel that sensation?' He replied, 'More especially at night. I do not feel alone at night when I awake, but feel that I am surrounded by things in the air. I felt dazed when I got out of bed; I did not know what I was going to do.' During the conversation he said, 'I did not distinctly understand what happened until a few days ago.'"

His lordship: "All this is what we may have to hear by-and-by."

Mr. Murphy: "The issue we are to try is one upon which the prisoner can only have assistance from the people about him in gaol. From his manner and appearance did you form any judgment as to prisoner's condition to-day?"

Witness: "Yes."

His lordship: "What was his appearance this morning?"

Witness: "He was in the same condition."

His lordship: "Did you form any opinion that he is not in a condition fit to understand why he is here to-day, and to follow the evidence, and able from his state of mind to instruct learned counsel?"

Witness: "I think he is able to form a judgment as to why he is here; but I do not think he is able to form any judgment as to instructing his counsel."

"From mental disease, do you mean?"

"Yes."

"From what did you draw that inference?"

"From my own experience and knowledge."

"What are the facts which enabled you to form the opinion that he is not able to do so?"

"I think his mind naturally——"

"I know you think. What are the facts upon which you arrived at that opinion?"

"His hesitating manner; his apparent inability to answer simple questions."

His lordship: "The only question you asked this morning was, how he was."

Mr. Murphy: "Is it consistent with your experience that a man suffering from unsoundness of mind should be able to answer ordinary questions, and conduct himself like a reasonable man?"

Witness: "Quite so."

Mr. Mayd: "Is the prisoner able to understand the difference between a plea of guilty and one of not guilty?"

Witness: "I believe he is."

The foregoing evidence has been given *in extenso* for the purpose of showing more vividly the kind of questions that are likely to be put to a witness in a case of this sort; but considerations of space render it necessary to condense what follows.

Mr. Hetherington was recalled, and, in reply to questions, said: "I believe that, from the condition of his mind, the prisoner is unable to plead. I form that opinion from what I have seen of him in the gaol, and from what I saw of him this morning."

This witness was then examined and cross-examined at length as to his reasons

able to understand, intended only to say that he was able to understand the difference between a plea of guilty and one of not guilty, they said, on this point, no more than was said by the medical witnesses, and indeed, with reference to this point, the fact that the prisoner, when called upon to plead, replied, "Not guilty wilfully," showed that the opinion as to his ability to understand this difference was well grounded, whilst that he knew the nature of the charge preferred against him may be inferred from the observation made by him to one of the medical witnesses to the effect that he "did not distinctly understand what had happened until a few days ago," implying thereby, that, at the time when he said this, he did understand what had happened. To say, however, that a person is able to understand the difference between a plea of guilty and one of not guilty is, of course, by no means equivalent to saying that such person is of sound mind generally, and yet, supposing for the sake merely of illustration, that the capacity to understand this difference were held to constitute the test of fitness to plead, a person who possessed this capacity might, no doubt, in the purely technical aspect of the case, be looked upon as being of "sound mind and understanding" so far as, but no farther than, that particular matter is concerned.

This use of the formula "sound mind and understanding" is, however, somewhat puzzling to those who are not accustomed to it, and indeed, the necessity for its retention is not very manifest, for if it is the case that the law says that a person is to be called upon to take his trial, although not of sound mind, provided that he is able to understand the difference between a plea of guilty and one of not guilty, or provided that he comes up to a certain standard of coherence, then it would appear that the only question for the jury, at that stage of the inquiry, would be whether the accused did or did not come up to such standard, and it would not appear to be necessary to require the jury, at that stage, to pre-judge the wider question of whether the prisoner was or was not of sound mind.

Possibly an argument, in support of the view that persons may be called upon to plead although insane, might be deduced from the wording of the Act of 1883, the 46 & 47 Vict. ch. 38, the first section of which is to the effect that the Act may be cited as the "Trial of Lunatics Act." This might be held to indicate that the Act contemplated that lunatics might be placed upon their trial; but here

again a question might arise as to whether this could only be done during a lucid interval, and a further question would be as to what constituted a lucid interval.

The question that was raised in this case, as to whether the prisoner was able to give adequate instructions to his counsel, does not appear to have been definitely answered, unless we may assume that it was answered by the jury saying that he was "able to take his trial." There was no dispute in this case as to the facts; and, indeed, the learned judge had, as we have seen, stated, on a previous day in his charge to the grand jury, that the only question was as to the state of the prisoner's mind; and, in a case of this kind, where it is the object of counsel to prove the insanity of his client, it is evident that counsel must rely far more on the instructions which he receives from others than on those which he receives from the client himself.

It must not, however, be overlooked that one risk which is incurred by calling upon a prisoner, whose sanity is in doubt, to plead, even when there is no dispute as to the facts of the offence with which he is charged, is, that he may plead guilty; and if he does that, and if he persists in that plea, after having been declared fit to plead, the further inquiry into his mental condition by the Court would appear to be barred.

In that case it apparently becomes necessary to pass sentence, and then to leave the matter in the hands of the Home Secretary.*

The problem, therefore, in those cases where the facts are admitted, and where the only question is as to the mental condition of the accused, appears to be how to obtain a full and complete investigation into all the circumstances, without incurring such risk as may be involved in calling upon an insane person to plead.

(3) Cases occasionally arise in which, whilst the prosecution submits that the accused is insane, the accused himself objects. A case of this description was tried at the Central Criminal Court in February 1887, before Mr. Baron Pollock. Isaac Jacob Mauerberger, aged 36, a journalist, was charged with sending a threatening letter to Lord Rothschild. Mr. Poland, who appeared for the prosecution, stated that he had received a report from the medical officer of Holloway Gaol to the effect that the prisoner was not in a fit state of mind to plead, and a jury was thereupon impanelled to try that issue.

Mr. Gilbert, the medical officer of Hol-

* See the case of Swatman, p. 961.

sent in will be forwarded by me to the Home Office. It would be better to leave it unfettered, for the Home Office to deal with the matter of the state of the prisoner's mind." Mr. Forrest Fulton explained that the reason he had taken the course he had, with regard to the defence, was because it was extremely difficult to ask a jury to come to the conclusion that at the time of the commission of the crime the prisoner did not know the difference between right and wrong. Having regard to the family history of the man it would be for the authorities to consider his state of mind. His lordship then said: "I think the course you have adopted Mr. Fulton is the right one, I think it is better to leave it unfettered in the hands of the Home Office."

Sentence of death was then passed in the usual form. This sentence, however, was not carried out, but the prisoner was subsequently removed to the asylum for criminal lunatics at Broadmoor.

The reason assigned by prisoner's counsel in this case for not interfering with the plea of guilty has been already referred to in considering the answers of the judges to the questions put to them by the House of Lords after the trial of Macnaghten, in 1843.*

It does not appear that any one questioned the fitness of the prisoner to plead to the indictment, although it was evidently regarded as probable that the criminal lunatic asylum would be his ultimate destination. The case was, doubtless, a difficult one; but if difficult cases are thus deliberately left in the hands of the Home Office, this appears to almost amount to an admission that in dealing with questions involving the relation of madness to crime the ordinary rules of procedure of a criminal court are not precisely applicable.

Supposing that a Court of Criminal Appeal had been in existence, it may be asked, what would the result have been in this case? Supposing that the prisoner had again pleaded guilty, would the sentence of death have then been confirmed, without any possibility of intervention on the part of the Home Office?

Many questions of this description will present themselves for consideration whenever the proposal for the establishment of a Court of Criminal Appeal begins to take definite shape.

The following is a somewhat different case. Elizabeth Swatman was tried for wilful murder at the Ipswich Assizes on April 1, 1876. She had killed another woman, who lived in an adjoining cottage,

* See CRIMINAL RESPONSIBILITY, p. 310 *et seq.*

by striking her on the head with a shovel. No one was near at the time, and there was no evidence either that there had, or had not, been a quarrel. At first, the perpetrator of the act was not discovered, but the next day the prisoner accused herself. She said she had often thought of killing the old woman, her neighbour, and at last she did it. At her trial she persisted in saying that she "hit the old woman," and this statement was taken as a plea of guilty, and she was sentenced to death. The learned judge then reported the case to the Home Office, with an expression of opinion that a further medical examination was desirable. This examination resulted in her being sent to Broadmoor. She was, if one may be allowed the phrase, very mad indeed—demented and incoherent—and she died in the month of September following, from disease of the brain. She was undefended, until counsel was assigned to her at the time of the trial; and it does not appear to have occurred to any one to suggest, before she was arraigned, that she was unfit to plead; and then, after she had been called on to plead, and had persisted in saying that she had "hit," and that she "had killed the old woman," it was decided that it would not have been right to go back to the consideration of the question of whether or not the prisoner ought to have been called upon to plead. The learned judge immediately made the necessary representation to the Home Office, with the result that we have seen; but here, again, it may be asked, what course would have been taken to set the matter right if there had been no Home Office to which to appeal?

(4) With respect to those cases in which the accused is mute on arraignment, it is not intended, in this place, to treat of deaf mutes generally, but only of cases in which the accused is mute by reason of mental disease or defect, either alleged or suspected.

Taylor, in his work on the principles and practice of medical jurisprudence, mentions (page 589, vol. ii., third edition) the case of Yaquierdo, who was tried at the Herts Summer Assizes in 1854, and gives the following account:—"The prisoner, who was charged with wilful murder, was found by the jury to be wilfully mute. The man refused to plead, although it was obvious that he was well aware of the nature of the proceedings. No counsel could be assigned to him, as this could not be done without the prisoner's consent. He was convicted." But to render the account of this case complete, it must be added that the prisoner, after conviction

(1) **Motor Aphasia.**—In uncomplicated cases of this kind the patients can understand what is said to them, they can read and comprehend written or printed words and also the language of signs. They are, however, unable to communicate their thoughts to others by speech, and in most cases also by writing. But the majority make use of a most expressive pantomime to convey their meaning. It is probable that in these cases the highest centres for the co-ordination of the nervous incitations for words spoken or written, or the channels for the transmission of these incitations to the lower centres directly connected with the nerves for the muscles involved, are specially if not alone implicated. The lesion is therefore motor in its nature; and there seems at first sight no sufficient reason why the mental powers should be distinctly impaired. The patient's organs for the reception of the impressions which give rise to language are not damaged, and those parts of the cortex on which previous impressions coming through the sensory nerves, particularly those of hearing and sight, were registered, are probably nearly in their normal condition.

The writer is of opinion that in thinking, words in most cases are revived in the sensory area of the convolutions. But he also holds that in their reproduction they are ordinarily accompanied by faint motor intuitions, which, in rare cases, especially in people who *speak* their thoughts, apart from conversation, may be so distinct as to be sufficient instruments for reasoning, independent of auditory revivals. In accordance with this view words in the motor aphasic may revive in consciousness much as before, though probably bereft of their non-essential motor accompaniment, and so far as verbal reproductions are concerned, there is no apparent impediment to the exercise of thought. That such patients really have the use of words will appear from a consideration of such acts as evince a process of reasoning in their execution. For thought *in the sense of reasoning* cannot be carried out without words, or, as in the case of trained deaf-mutes, without conscious motor intuitions of finger-language. This is the opinion of most metaphysicians, so far as words are concerned (Hegel, Mill, Schelling, Dugald Stewart, Condillac, Warburton, &c.). So eminent a philologist as Max Müller is very decided on the point; he says, "thought in one sense of the word—i.e., in the sense of reasoning, is impossible without language." Assuming the soundness of this conclusion, it is only necessary to consider care-

fully the acts of patients suffering from this form of aphasia to enable us to determine if they have the use of words. It requires very little observation to satisfy the observer that their ordinary conduct is reasonable and in all respects correct. Indeed, cases are on record where the patients have succeeded in conveying instructions to others by gestures for the conduction of important business. This almost certainly indicates reasoning. But caution is here necessary. Accustomed acts even of a complicated kind cannot be taken as absolutely sure evidence of distinct reasoning on the part of the actor. The skilled musician plays intricate music while his mind is otherwise occupied. The chronic lunatic does excellent work at tailoring or shoemaking, or takes part in games, which he had learned and practised when of sound mind, even though his speech is now incoherent, and his replies to simple questions are irrelevant. So, many occupations, perhaps difficult to learn, when once their details have become thoroughly familiar require but little exercise of thought. The accustomed circumstances or combination of circumstances at once suggest wonted conclusions, and action, semi-automatic, follows in due course. The slight thinking necessary may perhaps not be more in many cases than can be carried out without the use of words.

A better way to ascertain the presence or absence of words in the minds of motor aphasics, and at the same time the condition of their reasoning powers, is to ask them to show by act or gesture what would be their course of procedure in certain circumstances, infrequent in their experience, and, as far as possible, out of the ordinary beaten path. Thus, the writer has asked a female patient to show what she would do if the nurse's arm were bleeding. She thought for a little, then went up to the nurse and began to wrap a piece of cloth round the arm, meanwhile, making signs that the bleeding would be stopped by that means. To another patient he said, "Show me what you would do if that bed were on fire." She went to the end of the ward, lifted a basin of water off the table, brought it to the bedside and indicated very clearly that she would pour the contents on the burning clothing. By questions and requests of this kind, varying, however, in different cases according to the social position, education, and other points, a very fair idea may be formed of the condition of the reasoning faculty and moral powers. The general faculty of memory has been proved to be good by asking patients,

affecting both speech and writing, there is evidence of fair intelligence and no indication of marked defect in judgment. Care, however, requires to be exercised in judging these cases, lest too favourable an estimate be formed of the mental powers by the performance of familiar acts, which, having become largely automatic, do not evince the exercise of fresh thought. Indeed, in the great majority of these cases, careful examination and inquiry will show that the patient does not possess as much mental vigour and decision of character as he had previous to his illness. It is also to be noted that in proportion to the degree that motor intuitions enter into thought, varying much as they do in different persons, so will the lesion in this form of the disorder exert a corresponding disturbing influence on the reasoning faculty.

The interference with mental action in pure cases of aphemia or agraphia (if it occur) ought to be even less than is usual in complete motor aphasia, as only one of the channels for the expression of language is blocked, instead of both. This, as shown in the account of the former of these conditions, appears to be so, as aphemics manifest both intelligence and force of character.

In complete sensory aphasia there is profound affection of the mind. In almost all cases reasoning is not practicable owing to the obliteration of auditory and visual percepts, though a degree of thought may be possible to some patients by the exercise of the motor intuitions of speech or of writing. In the majority, however, the lesion is incomplete, and one sense is usually involved more than the other. Should it be that of hearing which is specially implicated, the mind generally suffers much more than where the visual sense is chiefly affected.

In word-blindness and word-deafness, if the defect be limited to the reception of new impressions, and the faculty of recollection be retained in full or little diminished vigour, the reasoning power and judgment may not be appreciably affected. This will be evident from the patient's conversation, the capacity for which is retained. However, cases in which the defect is so restricted are exceedingly rare. There is generally also some impairment of the memory of words, and then the mental power is more or less enfeebled.

These are briefly the mental conditions in the leading forms of aphasia. It will be observed that the most important defects, consist in partial or complete loss of the reasoning faculty, and that this corresponds closely with the extent of the loss

of words, whether associated with the sense of hearing or of sight, but particularly the former. Judgment is weakened, not disordered. There are no illusions, hallucinations, or delusions. Should any of these be present, the case is not one of simple aphasia. There may be aphasia with insanity; but this is not common, unless as an incident in the course of mental disease. Reference will afterwards be made to this combination. The moral powers are not disordered or weakened, except in so far as they may be affected by the enfeeblement of the intellect. As a rule, there is no excitement of feeling, nor is there depression, at least not more than might be expected in one who appreciates the serious character of the disease from which he suffers. In some cases there is emotional weakness, but it is not so marked as in cases of hemiplegia, either left or right, especially the former, which are not associated with aphasia.

Civil Responsibility in Aphasia.—From the foregoing account of the diverse mental states in the various forms of aphasia, it will be inferred that the responsibility of patients for their acts must vary greatly. The motor aphasic, retaining reasoning power almost entirely, is an accountable agent, whereas the sensory aphasic, if the disorder be complete, and involve both auditory and visual cortical areas, cannot reason, and is therefore irresponsible. It is very different with the minor defects, word-deafness and word-blindness. In some cases of the former, such as in that of the writer's already referred to, it would be difficult to show ground for the reduction of the person's responsibility for a criminal act. And yet one might well hesitate to maintain that a derangement involving a part of the brain intimately connected with the revival of word-symbols, the very instruments of thought, even though the abnormality were scarcely noticeable by the observer, would have no disturbing influence on the reasoning faculty.

The uncertainty respecting the mental condition in slight forms of the disorder is greater in recent cases than in those of long standing. In the latter, active physical disease may have ceased for years, a small healed lesion exists, but exerts no disturbing influence on the neighbouring healthy tissues, which have accommodated themselves to the loss. There is some but no great defect in language, and apart from it normal psychical processes are not interrupted. On the other hand, should the disorder be of recent origin, its perturbing effect will probably extend much more widely than the area of definite mor-

or intermittent, and of varying duration, with or without hallucinations of the senses, or partial insanity, monomania, or ambitious monomania. The onset of acute transitory mania may occur during the early stages of convalescence, and this is believed by some to be due to some sudden change in the cerebral circulation. Weber calls this the "delirium of collapse," and states that with the symptoms of prostration the pulse is feeble, rapid, and irregular; further, that this condition is common at the period of crisis and may be due to sudden anæmia of the brain from heart failure. Westphal (*Arch. für Psych. u. Nerv.*, Band iii.) and Foville (*Ann. Méd.-Psych.*, January 1873) observed intellectual weakness in relation to variola and typhus, and such symptoms as change in physiognomy, slow clumsy movements, movements by fits and starts, trembling of the limbs, partial or general ataxy of limbs, stiff gait, disorders of speech, impaired deglutition, and in one case loss of the power of sneezing, whilst mentally there was some alteration with excitability. Westphal noted the scanned, nasal and monotonous speech in which the letters and syllables were not displaced, but separated by intervals and uttered jerkily, or with visible efforts, yet, as after typhoid, without co-existing tremblings of the lips and face.

Foville, on the other hand, noted the occurrence not only of marked twitchings of the muscles of the face, but also a tendency to convulsive projection of saliva or the return of fluids by the nose during the act of deglutition. The pathology of these conditions is vague. The frequent substitution of convulsions for rigors in children is said to indicate the early implication of the nervous centres, and, according to Greenfield, the acute transitory mania may be the analogue of these convulsions affecting the psychical, instead of the motor, centres. In the early stage of typhus there is said to be an increase of the watery constituents of the white matter in the brain (Buhl). There may be no appreciable organic lesions, the symptoms depending chiefly upon cerebral anæmia, resulting from debility (Trousseau).^{*} The atony, exhaustion, and anæmia of the brain may be furthered by moral shock or debility of the blood (Sydenham), the nutritive defect producing atrophy, serous exudations, &c. The hebetude due to wasting of the nervous matter and nerve tubules (Behier) may also occur after typhus or any of the more severe fevers.

^{*} Clinical Lectures (Syd. Soc. trans.), vol. ii. p. 429.

After the delirium of **smallpox** melancholia with refusal of food and insomnia has been noted by Berti*, and is quoted in the *London Medical Record*, vol. i. p. 135.

Baillarget† has recorded a case of *délire ambitieux* of fifteen days' duration following **scarlatina**.

The most frequent form of insanity after eruptive fevers is said to be maniacal delirium, often with hallucinations. In children the exanthematous diseases play an important part in the ætiology of deafness, and secondarily in the causation of idiocy and imbecility.

Cholera may be followed by transient delirium, paroxysms of mania, or melancholia; but the form does not appear at all definite (Greenfield). In all febrile conditions, insanity arising early and due to toxic conditions of the blood, congestion of the internal organs (including the brain) may occur. These altered vascular conditions may be active or passive, general or partial, chronic or acute. Trousseau‡ would explain the cases of paralysis at the onset of acute disease as arising in one of these ways. Greenfield attributes the mental symptoms in some cases to direct excitation from peripheral irritation, as the influence of pain, organic disease, &c., producing central exhaustion or irritability; or due to reflex irritation, or peripheral irritation acting in a reflex manner, either on the vessels or the nervous tissue itself. Other conditions, such as sub-acute inflammation of the cortical substance or membrane of the brain, capillary embolism, or thrombosis (as in the melanæmia following ague), (Griesinger) have been cited as probable causes. Undoubtedly many of the forms of insanity may be regarded as instances of metastasis. Griesinger has noted instances of insanity alternating with articular rheumatism; Sebastian, with ague; the author, with thrombosis of the cerebral sinuses§ and many others.

Acute **Rheumatic Affections** are not uncommonly followed by mental disturbance. The development of the insanity mostly coincides with the fall of the temperature, cessation of joint affections, and subsidence of the symptoms. Trousseau, Clouston and Griesinger have recorded instances of mania with chorea following rheumatism. The form of the insanity following rheumatic fever is, as a rule, one of depression. In some cases there may be agitation with sensory disturbance, refusal of food, and a tendency to delirium,

* *Giorn. Veneto delle Sc. Med.*, Jan. 1873.

† *Ann. Méd.-Psych.*, Jan. 1879, p. 79.

‡ Clinical Lectures (Syd. Soc. trans.).

§ *Brain*, 1886.

to a condition of nerve-centres in equilibrium, or a given ratio in the amount of force they respectively discharge. In studying postures we observe the outcome of certain ratios of nerve action.

Postures, like movements, may be either "spontaneous," or due to some present stimulation of nerve-centres through the senses; it is the former class that most directly indicates the average balance or condition of the brain. Spontaneous postures, in parts of the body that are free, may be described as indications of emotional and mental states; visible parts must be mechanically free in order that they may be balanced by the governance of the brain, the hand must not be in the pocket, or the back resting against a support; the nerve-centres should also be free, not strongly controlled by impressions from the surroundings at the time of observation.

When about to observe the spontaneous postures assumed in the arms, or upper extremities of a patient, we ask him to stand up and say, "Put out your hands with the palms down, spreading the fingers," speaking in a quiet tone, and not showing our own hands; it is then possible to notice the balance of the body, the head and the spine, the arms and the hands, as well as the movements of these parts. This action in the patient is convenient, leaving the arms and hands free, and ready for observation and description.

There are four principal postures of the head—(1) **flexion**, (2) **extension**, (3) **rotation** to one or other side in a horizontal plane, the head remaining erect, but the face being turned to the right or left, (4) **inclination** to one or other side, lowering that ear so that the two do not remain on the same level—inclination is said to be towards that side on which the ear is lowest. The posture may be compound, the head may be flexed, inclined and rotated to the right, or it may be extended and inclined to the left, &c. The head when held erect is in a symmetrical posture, so also when it is flexed or extended; to produce such balance both sides of the brain must act equally and at the same time. If the head be rotated to the right, this indicates more force sent from the left half of the brain than from the right; asymmetry of posture means unequal action of parts of the brain.

The typical hand posture (Fig. 1) seen in health and strength, is the **straight extended hand**. The fingers are straight with the palm of the hand, and on a level with the forearm and shoulder, the palm of the hand or metacarpus is straight and

not arched transversely, or contracted as in the feeble hand. All parts are in the same horizontal plane.

The **second** typical posture (Fig. 2) is but a slight deviation from the first, the thumb with its metacarpal bone being drooped, all other parts being in the same plane as before.

The **hand in rest** (Fig. 3) is the natural posture when it is not being energised by the brain. There is slight flexion of the wrist and fingers, and slight arching of the palm of the hand.

The **energetic hand** (Fig. 4) is a posture produced under moderately strong brain stimulation. The wrist is extended, the fingers and thumb being moderately flexed. The four typical postures that have been given are normal, as signs of certain healthy brain states.

The **nervous hand** (Fig. 5) is due to an abnormal brain state, an ill-balanced condition of the brain centres. The wrist is flexed, the metacarpus slightly contracted, the thumb somewhat separated from the other digits, the fingers and the thumb are bent backwards at the knuckle-joints. This posture is in direct antithesis to the energetic hand, the wrist and knuckle-joints being in exactly opposite positions in the two attitudes.

The **feeble hand** (Fig. 6) presents general flexion, this is seen in the wrist, thumb and fingers, the palm of the hand being considerably contracted, thus approximating the thumb and little finger. It probably represents the least possible amount of force coming from the nerve-centres to the muscles of the limb; muscular tone is here lower than in the hand at rest.

The **Convulsive Hand** (Fig. 7).—The closed fist, or the clenched hand has the fingers strongly drawn over the thumb which is pressed upon the palm of the hand. The palm is contracted or drawn together.

To complete the types, the hand **in flight** (Fig. 8) will be described, but we do not think it is often seen in real life. The wrist is extended as well as all the fingers, this posture thus differs from the energetic hand only in the character of extension of the fingers.

While observing the hand posture look also for any finger movement. If the two arms be held out we may see a posture of weakness on one side only, more usually on the left side, or the characteristic posture may be more strongly marked on one side. Thus we frequently see the nervous-hand posture strongly marked on the left side, and less distinct on the right, thus indicating a different balance of the action

FIG. 1.



Straight hand.

FIG. 2.



Straight hand, with thumb drooped.

FIG. 3.



Hand at rest.

FIG. 4.



Energetic hand.

FIG. 5.



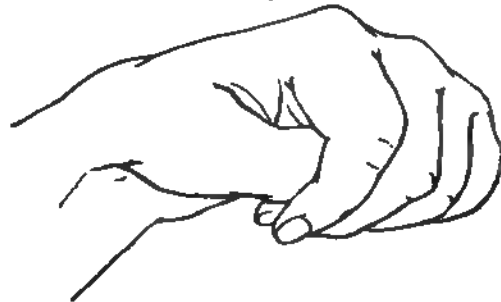
The nervous hand.

FIG. 6.



The feeble hand.

FIG. 7.



The convulsive hand.

FIG. 8.

The hand in fright.

All hands among those at the feast (Fig. 12) present some feature of "the nervous hand" in over-extension of the knuckle-joints. The Genius, who is not a partaker of the feast, presents the energetic hand.

FIG. 13.

Cain. (Pitti Gallery, Florence.)

The whole figure (Fig. 13) expresses horror, or mental fear. Each hand is free and balanced in the posture of "the hand in fright." FRANCIS WARNER.

POTASSIUM BROMIDE. (See SEDATIVES.)

POTHOPATRICALGIA (πόθος, a longing; πατρίς, one's country; άλγος, pain). A morbid home-sickness, seen sometimes in young soldiers and others in foreign countries. (Fr. *pothopatridalgie*; Ger. *Heimweh*.)

POTOMANIA (πότος, drink; μανία, madness). Drink-madness. Delirium tremens. (Fr. *potomanie*; Ger. *Trinksucht*.)

POTOPARANEA, POTOTROMANIA. (See POTOTROMOPARANOIA.)

POTOTROMOPARANOIA (πότος, drink; τρόμος, trembling; παρδωια, madness or folly). Delirium tremens, or mad-

ness from drink. (Fr. *pototromoparanée*; Ger. *Zitterwahnsinn der Trinker*.)

POWER OF ATTORNEY (See AGENCY and PARTNERSHIP).—(1) A power of attorney not given for valuable consideration, and not expressed in the power to be irrevocable, is, as between the donor and donee, *ipso facto*, revoked by the lunacy of the donor. Third persons dealing with the donee, without notice of the lunacy of the donor, are (probably) protected (Conveyancing Act, 1881, s. 47 (1), *Drew v. Nunn*, 1879, 4 Q. B. D. 661). (2) A power of attorney given for valuable consideration and expressed in the power to be irrevocable is irrevocable in favour of a purchaser, notwithstanding the supervening lunacy or unsoundness of mind of the donor (Conveyancing Act, 1882, s. 8). (3) A power of attorney, whether given for valuable consideration or not, if expressed in the instrument creating it to be irrevocable for a fixed time not exceeding one year from the date of the instrument is, in favour of a purchaser, irrevocable for that time, notwithstanding the supervening lunacy or unsoundness of mind of the donor (Conveyancing Act, 1882, s. 9). The last two provisions apply only to powers of attorney executed after December 31, 1882. (4) The capacity to grant a power of attorney would probably be determined in the same way as the capacity to appoint an agent in any other way.

A. WOOD BENTON.

PRECOCITY.—It has been noticed that precocious children are as a rule connected with families some of whose members are insane. The mental defects of some members of a family seem to be made up for by the extraordinary mental acquirements of others of the family. Precocious children are more liable to insanity than others.

PREDISPOSITION. (See HEREDITY.)

PRE-EPILEPTIC INSANITY.—Morbid mental states frequently occur before as well as after an epileptic fit. Delusions may be present, hallucinations manifest themselves, or there may be a dreamy confused state of mind.

PREOCCUPATION.—A common symptom in some forms of insanity, especially in melancholia. The patients do not answer when spoken to, nor do they seem to hear anything, being so much wrapped up in their own thoughts.

PRESCRIPTION, and LIMITATION OF ACTIONS.—These subjects may conveniently be considered together. The terms prescription and limitation may with sufficient accuracy for the present purpose be defined as follows:—"Prescription" is the undisturbed and continuous enjoyment of a legal right for

Libel (action of)	Time runs from recovery of lunatic. (21 Jac. I., c. 16, s. 7.)
" Merchant's accounts "	Lunacy no bar to limitation. (Cf. 19 & 20 Vict., c. 97, s. 9.)
Mortgage (redemption of)	Lunacy no bar to limitation. (Cf. 1 Vict. c. 28, s. 1; and <i>Kinsman v. Rouse</i> , 1801, 17 Ch. D., at p. 107.)
Mortgage (foreclosure of)	Same rule as Distress for rent-charge (<i>q.v.</i>).
Mortgage (money secured by), recovery of	Period of limitation runs from accrual of right of action to some person capable at the time of giving a valid discharge. (Real Property Limitation Act, 1874, s. 8.)
Rent (by lease or deed), action for	Time runs from recovery of lunatic. (3 & 4 Will. IV., c. 42, s. 4.)
Rent (not secured by lease or deed)	Lunacy no statutory bar to limitation. (Cf. 3 & 4 Will. IV., c. 27, s. 42.)
Seduction (action for)	Time runs from recovery of lunatic. (21 Jac. I., c. 16, s. 7.)
Slander (action of)	Ditto.

The right of a person to recover land of which he has been deprived by fraud accrues at the time when such fraud might with reasonable diligence have been discovered (3 and 4 Will. IV. c. 27, s. 26). Nothing short of *absolute lunacy* will be recognised by the Court as disqualifying a person for the detection of "fraud" within the meaning of the section (*Manby v. Bewicke*, 1857, 3 K. & J. 342).

A. WOOD RENTON.

PRESENTATIONS OF SENSE.—

Presentations of sense are those complex objects of consciousness which result from an act of mental synthesis of several simultaneous sensations. The elements of presentations of sense are therefore sensations, which are merely modes of our being affected, mere psychical states. The transference of these psychical states to definite presentations of sense is a mental achievement resulting from a long process of development. The characteristic of a presentation of sense is that it has space-forms, which the sensations composing it have not. For the formation of sense presentations the following are necessary: (a) A synthetic activity of mind; (b) A difference in the quality of the sensations, so that a graded series can be formed (spatial series); (c) Local signs; (d) Localisation and eccentric projection; and (e) As a rule, more than one organ of sensation (Ladd).

PRESUMPTIONS (LEGAL) RELATING TO INSANITY.—Legal presumptions are inferences or positions established by law for the regulation of judicial procedure,* and are of two kinds (1) conclusive or irrebuttable, called by the civilians *presumptiones juris et de jure*, and (2) rebuttable, or *presumptiones juris tantum*.

(1) In the law of insanity there are only two rules that seem to have belonged

* The *raison d'être* of such presumptions is admirably explained by Best: "Evidence," ss. 42, 43, 304 *et seq.*

to the former class—viz., that idiocy is incurable, and that a lunatic upon the other hand is always capable of recovering his understanding.* With regard to these rules it must however be pointed out that the old legal incidents of idiocy are now of little importance, and that the presumption in favour of the recovery of a lunatic may now be rebutted.†

(2) The *presumptiones juris tantum* relating to insanity are very numerous. The following are the most important:

(a) A person deaf and dumb from his birth is presumed to be an idiot.‡ But this presumption may be rebutted. Thus, in *Dickinson v. Blisset* (1 Dick. 268) a lady born deaf and dumb, having attained the age of twenty-one years, applied to the Court of Chancery for possession of her real estate, and to have an assignment of her chattel estate, and Lord Hardwicke having put questions to her in writing, to which she gave sensible answers in writing, granted the application.

(b) Every person who has attained the usual age of discretion is presumed to be of sound mind until the contrary is proved, and this holds as well in civil as in criminal cases.

This presumption of law rests upon the fact that sanity is the normal condition

* Cf. the Statute de Prærogativa Regis, 17 Edw. II., c. 10, as to lunatics; 17 Edw. II., c. 9, as to idiots. See also article on IDIOCY, and *Fitzgerald's case*, 1805, 2 Sch. & Lef. 438, per Lord Redesdale, and *Ex parte Whitbread*, 3 Mod. 44, 2 Mer. 99.

† Cf. *Ex parte Whitbread*, 2 Mer. 99. *Re Blair*, 1 Myl. & Cr. 300, and *Re Frost*, 39 L. J. Ch. 808.

‡ See article DEAF-DUMBNESS. The opinion of Lord Coke was that a person born deaf, dumb, and blind, is included within the legal definition of any idiot as wanting those senses which furnish the human mind with ideas. But it was decided in *Elyot's case* (Carter 53), that a person deprived of only one or two senses, and who can convey his meaning by writing or signs, is not incapacitated. The *ratio decidendi* in this case—viz., the capacity to understand communications—clearly covers the case of a deaf and blind mute who is now capable of being instructed.

altogether without the slightest hesitation. The family medical attendant, however, if he is acquainted with the life-history of more than one generation, will for himself gain sufficient insight into the constitution and temperament of the members to guide him in his advice concerning the rearing and training of the younger branches, and denial of the family peculiarities and weaknesses will not be practised towards him, because he is too conversant with the facts.

It has often been urged, and cannot be too strongly insisted on, that a nervous inheritance may be derived, not only from parents or grandparents in whom actual insanity has developed, but from those who have suffered from epilepsy, dipsomania, hysteria, hypochondriasis, or neuralgia. A combination of two of these in the parents, or of one of them with phthisis or gout may lead to insanity in various members of a family, and to phthisis or neuralgia in others. It is evident, however, that children will be born under various conditions, and some will be far more liable to nervous disorder than others born of the same parents. For some may be born before the mother has shown any symptoms of the disease, others may be children of one who has been insane during her pregnancy, or has had repeated attacks of mania. In the case of others conception may have taken place after the father has shown undoubted symptoms of general paralysis. This is not an infrequent occurrence. Some may be born of a mother who becomes insane after every childbirth, and only recovers to a very partial extent by the time another is born. Such children stand in a different class from those whose parents have never been insane, but inherit a taint from their own progenitors, which shows itself, it may be, in brothers, sisters, or other collateral branches. Children born before insanity has shown itself in a parent are in a better position than those born after, and those born of parents in whom the disease has appeared at a very early age, are more likely to inherit it than the children of parents in whom it appeared later in life, especially if, in the case of the latter, there was an adequate and assignable cause. Those whose parents are cousins are liable to hereditary disease. If any, as insanity, exists in the family, it will most likely be intensified by the relationship, and the offspring are likely to be not only insane, but stunted and weakly in other respects, and very possibly idiots. In this they but follow the laws of in-breeding, which apply equally to man and animals.

If a medical man has under his observation and care a child born of a father or mother who has already shown signs of insanity, or is "nervous," epileptic, hysterical, hypochondriacal, or unstable in any way, what is he to observe and what precautions are to be taken? From the earliest age he may note symptoms enough to put him on his guard. The infant may sleep badly, may be cross, or over-excitable, or have infantile convulsions. If the mother is the affected person, it will be better for her not to suckle it, as a nervous, excitable woman, prone, it may be, to varying mental moods, is not likely to be a good nurse, and it is of the first importance that a nervous child should be thoroughly well nourished either by a good wet-nurse or hand-feeding. Bad sleeping is a point not to be overlooked, and judicious management and regular hours and habits may do much to remedy the evil. The child should be taught to sleep by day as well as by night till a very considerable age is attained.

When a few years have passed, other signs may show the nervous inheritance. The child may suffer from "night-horrors," may be afraid of being alone or in the dark, or its temper may be fractious and capricious, or violent and passionate. Everything here will depend on the judgment and prudence of those who have charge of it. Many a child is frightened and rendered nervous and timid for life by tales told by foolish servants and nurses, of ghosts, spectres, and robbers, or is terrified into obedience by threats based on such fictions. The sensitive and imaginative brain carries such romances to bed with it, and wakes from its too vivid dreams in an agony of panic. Another evil, it is to be feared, comes occasionally from nurses, who, in order to make such children sleep, teach them habits of self-abuse. And while they are thus exposed to risks from servants, they may receive no less harm from parents, who will spoil them at one moment and indulge them with improper food and drink, while at another they behave towards them with intemperate fury and frighten them by noise and passion. It is above all important that the bodily health of these children should be regulated with discretion, that they should have abundance of plain wholesome food and no alcohol, live and play much in the open air, and be encouraged at an early age in such pastimes as riding, swimming, and other suitable pursuits. A love of and consideration for animals should be promoted, and the fellowship of other boys

with danger to those predisposed to insanity by constitution and inheritance. That all persons who have insanity in their family should abstain from matrimony is more than can be expected. Not only do these marry, but they are specially prone to make ill-judged selections. There seems a tendency among these neurotic folk to choose for their partners people of a like nervous temperament, and from a shyness which is characteristic and constitutional, they often choose cousins whom they have long known in preference to strangers, whom they know not and are too shy to approach. It need not be said that the danger is increased if cousins from two families where insanity exists intermarry and have children. This, however, happens but too frequently, and parents do not oppose such unions, because they prefer to ignore the whole risk; they hope for the best, and invent excuses for the cases that have occurred, as drink, sunstroke, falls on the head, and the like, or deny that the malady has ever existed at all. If a member of such a family is to marry, it is important that he or she should be in good health and marry a person who is also in good health, and has a good family history. If a girl is delicate and neurotic she should not marry a very poor man, and have the additional anxiety of poverty and the constant and daily obligation to pinch and save for the sake of husband and children. The continual anxiety of small economies and the necessity of meeting small debts, may break down one who in more affluent circumstances might have gone unscathed. Another fertile source of insanity is a numerous family, one child following another in rapid succession. Many delicate women having no break or respite, succumb to this strain, even those in whom insanity may not be markedly hereditary. The nervous system has no rest or chance of recuperation, and mental or lung disease, or both, is the result. There is an idea prevalent amongst many that nervous or hysterical young men and women should marry as soon as possible, and that marriage is a sovereign cure for this state. Now it is probable that many men predisposed to insanity may benefit greatly by marriage if they are so fortunate as to meet with a suitable wife. Henceforth they lead a regular life, keep earlier hours, have a confidante to share their troubles, who also cares for their meals and domestic comforts, and nurses and guards them. On the other hand, if marriage does not benefit them, and they prove unfitted for it, it is a condition which the unfortunate

wife cannot free herself from. An irritable man will quarrel more with his wife and behave worse to her than to any other being, and there is besides the risk that the offspring may be an idiot, epileptic or neurotic in some shape or way. The benefit to be derived from marriage by a predisposed woman is far less, and the danger far greater. There is marriage with all its trying surroundings in which so many break down. Then follow pregnancy and parturition, to recur, it may be, frequently. If there is immunity on the first or second occasions, later on insanity may be developed. One thing is certain, that women who have already had attacks of insanity should abstain from marriage, and the concealment of such a history from an intended husband and his friends is a most serious and reprehensible step.

The next question for consideration is this: What should be done when a man or woman who has not been previously insane, is threatened with symptoms of a mental disorder? In many cases the treatment is obvious. An exciting cause, if we are sure it is the cause, must at once, if possible, be removed. Overwork must cease, overworry may not be so easy to deal with, but the attempt must be made, and a long journey to a foreign land may by the mere effect of distance reduce it to a trifling amount. The effect of a fright or shock may subside, and the shock be unlikely to recur ere time comes to our aid. Over-excitement about religious matters must be stopped, and undue devotion and early services strictly forbidden. Drinking must be checked, and sexual excess, and excesses of all kinds. Betrothals must be broken off or suspended if it is plain that they are producing a state of mind which renders marriage an impossibility. In short, when we see that there is an exciting cause it must be removed, but it may happen that no definite or tangible cause can be ascertained. The individual is leading his or her ordinary life, yet there is a deviation from the normal state, there is depression or excitement, unfounded fear, suspicion or irritation with disturbance of health, and in the majority of cases want of sleep. The failure of sleep is a symptom of the highest importance, and one constantly disregarded both by the patient and his relatives. Yet by remedying this, more probably can be done towards warding off insanity than by any other treatment. Again and again it happens that a week's good sleep procured by sulphonal, paraldehyde, chloral or the like, will dissipate the fears and suspicions, allay the excitement and irri-

attention in the foregoing extract, forms the subject of a very instructive chapter in Sir James Fitzjames Stephen's "History of the Criminal Law of England," and that chapter will well repay perusal on the part of those who are interested in this matter.

Mr. Wood Renton, in an article contributed to the *Medico-Legal Journal*, of New York, for June 1891, puts the point very tersely in the following extract: "Criminal jurisprudence on the Continent is inquisitorial. Criminal jurisprudence in England and most English-speaking countries (Scotland excepted) is litigious."

Although, however, these two terms "inquisitorial" and "litigious" serve admirably to accentuate the essential distinction between the criminal jurisprudence of the Continent and that of England, it would be scarcely right to assume that, at the present time, the criminal jurisprudence of England is litigious and litigious only.

As the institution of a Public Prosecutor, whose business it is, not so much to obtain a conviction as to see that justice is done, is only, as already stated, of comparatively recent date, there has been scarcely yet time for the realisation of the full effect of the appointment of this officer. Then, again, the statement of the Attorney-General, that it appeared to him "advisable to take steps to insure that all evidence bearing on the case, whether tending to prove the guilt or *innocence* of the prisoner should be brought before the jury," is a strong indication that the attitude of the prosecution is by no means a purely litigious attitude; whilst the instruction, that in the absence of the ability of the accused to produce witnesses, "the Treasury Solicitor shall secure their attendance," affords further strong evidence in the same direction.

But, if it is, happily, no longer possible to say that, in England, criminal proceedings are purely litigious in their character, neither is there any desire that the "full inquiry," directed by the Attorney-General, should run the risk of defeating its object by becoming inquisitorial; nor is there any wish or intention to interfere with the perfect liberty of the accused to present his defence in whatever way may seem best to him and to his advisers.

And when the accused, or when his friends, on his behalf, are taking their own steps for the defence, and are employing legal aid, the risk, referred to by Dr. Bucknill, of eliciting "a confession fatal to the prisoner" would be guarded against by the medical examiner placing himself in communication with the solicitor for

the accused. In other cases, where the accused is undefended, the medical examiner will be able to judge, from the documents in the case, as to the degree of risk on this point, and will proceed with due caution. If he finds ground for serious doubt as to the extent to which he would be legally justified in pushing his examination of the accused, his prudent course will be to lay a statement of his doubts before the Treasury Solicitor, who will advise him in the matter.

If more than one medical man is engaged in the examination, it is well that their report should, if possible, be a joint report. Sir James Fitzjames Stephen observes upon this point:* "If medical men laid down for themselves a positive rule that they would not give evidence unless, before doing so, they met in consultation the medical men to be called on the other side, and exchanged their views fully, so that the medical witnesses on the one side might know what was to be said by the medical witnesses on the other, they would be able to give a full and impartial account of the case which would not provoke cross-examination."

In any case, what is wished for, from the medical examiners, is a full and impartial report, for the information and guidance of the Court. It is very desirable therefore, in the first place, to ascertain accurately all the facts, and then to point out what are the medical inferences which may legitimately be drawn from those facts; carefully distinguishing between fact and inference. It is, perhaps, unnecessary to hint that a report loses much of its weight if there is any evident want of care in the manner of stating facts. A statement like the following naturally provokes suspicion: "The accused has no recollection of the occurrence." The question at once arises in the mind of any one reading a statement of this sort whether what is meant is that the accused is so fatuous as not to remember, from one moment to another, anything that he does, or that occurs around him, or whether it only means that the accused *says* that he has no recollection of the occurrence. And then, in the latter case, the further question naturally arises whether the accused says this spontaneously, or whether he says it in answer to a leading question.

It is, however, by no means right to suggest to an insane man that he has no recollection of acts committed by him. Excepting in those cases where either violent delirium or absolute dementia

* "History of the Criminal Law of England." By Sir James Fitzjames Stephen. Vol. 1. p. 576.

be the more ready to submit to them, and would derive corresponding benefit.

Another and distinct form of superficial sensitiveness to tickling appears to be closely associated with certain reflexes partially under the control of the will. This is found where the small hairs are absent, in connection with the smooth skin of the palms and soles, and mucous surfaces, such as the palate and fauces, the interior of the nose, conjunctivæ, glans penis, and other parts.

In these situations appropriate stimulation provokes certain movements and other reflex phenomena. As a rule, the sensation produced when the part is slightly tickled is subjectively unpleasant unless associated with these movements, and becomes intolerable if the irritation is increased. The special form of ticklishness here displayed appears to find its *raison d'être* in provoking and coercing the higher centres to cease from all inhibitory action, and to allow the reflex mechanism free play. Every one who will try the experiment of tickling his palate or the soles of his feet, and at the same time endeavouring by an effort of will to restrain all movements, will experience the strength of this prompting sensation of tension and discomfort. The ticklishness of the palm and sole seems to be to a great extent vestigial, and probably originally had to do with conditions of life now obsolete (*see* REFLEX ACTION).

(2) We now come to the ticklishness which apparently is attributable to a special function of nerves more deeply situated, since it is not called forth by a light touch on the skin, but is generally most manifested when stimulation is of such a character as to affect the deeper structures.

This form is what is most generally spoken of as "ticklishness" in popular parlance, and to the physiologist it is very interesting from the remarkable and uniform series of phenomena which accompany it. It is plainly an altogether different thing from the superficial forms already dealt with, since light touches on the integument, even where the small hairs are most abundant and sensitive, do not produce the results following stimulation, for which this form of ticklishness is especially noteworthy. Certain regions of the body, such as the axillæ, and contiguous parts, the flanks, lower ribs, &c., are most ready to respond to appropriate provocation. Children, as soon as they become active, are more sensitive than adults. It is observable that the accompanying sensation is at first distinctly pleasurable, and one may say that there

is an actual appetite for this kind of nerve irritation, since a child will invite its playmate to tickle it. But after a few moments, especially if stimulation has been at all vigorous, a reverse feeling is exhibited. The proceeding becomes distasteful, and the child will writhe and twist about to avoid it. Yet the moment it is desisted from the child will again, by gesture, attitude, and speech, invite its repetition, and again as before, after a certain point, show its distaste by movements of avoidance. The muscular results of this reflex stimulation may be slight and controllable by a moderate inhibitory effort, or they may be violent and convulsive, and totally beyond the power of the subject to check them. The movements also are invariably accompanied with laughter, generally of an uncontrolled, open-mouthed, and spasmodic character.

To any physiologist who seeks to discover the reason for these and similar obscure facts concerning the bodily functions and attributes by an appeal to evolutionary laws, it is evident that such pronounced and noteworthy phenomena as the above, following a like cause in all cases and universally prevalent, cannot be explained on any other ground than that they either are, or have been, of some definite utility. For it appears to be a law that whenever any salient characteristic is observable and is universally distributed among the members of a species, it must either be of undoubted use in the life economy at the present time, or must in the past have played an important part in preserving the race from extinction, or in furthering its more perfect development and adaptability to environment.

Now, since no present probable useful office can be discovered for this curious appetite and the extraordinary phenomena which accompany the act of tickling, it seems more than likely that we have here one of those strange vestigial reflexes which were of vital importance in the remote past. What the utility can have been is an interesting and obscure problem, and one which seems well worthy of the attention of competent observers. The close and invariable association of laughter with this form of tickling gives some promise that the solving of the question at issue will throw light on the curious and important psychological problems respecting the origin and primary basis of laughter and the sense of the ludicrous.

LOUIS ROBINSON.

TIC NON DOULOUREUX (Charcot). A hysterical affection of the face usually one-sided, characterised by frequently repeated spontaneous paroxysms of twitch-

modified by injury;—focal brain-lesions often with epileptoid states; diffuse brain disease, including general paralysis. Long, or considerably, after severe skull fracture, may come epileptiform seizures, of either the graver or milder type, or both, which increase in frequency, and are associated with violence and mental automatism similar to those so often manifest in epileptic mental disorder, and with progressive incoherence, mental confusion and dementia. Turning movements may occur, or tonic spasm, or spasmodic twitches, or local paralyses; hemiparesis or hemiplegia may be partial or general on the side affected, and either persistent, and augmented for the time being, after the convulsive seizures, or only appearing then and temporarily. Partly in dependence on these seizures, the mental state fluctuates from the noisy, restless, incoherent, to the oppressed, inert or semi-comatose. Similarly related to the convulsive attacks, and similarly fluctuating, are the most varied disorders and defects of speech, comprising many examples from all of the great orders of speech affections, namely, those of intellection, those of diction, and those of articulation. Vision, or other of the special senses, may fail or cease.

At the necropsy, are changes in the bone at the site of the old fracture, with bony bosses on the inner surface, local chronic pachymeningitis, perhaps cohesion of dura, pia and brain cortex; or cortical atrophy, and various old destructive or indurative lesions of the cortex beneath the seat of cranial injury; sequelæ of old sub-dural hæmorrhage, and of the usual type, or of old sub-arachnoid or pial hæmorrhage, the latter appearing partly as atrophic degenerate portions of the cortex. As evidence of counter-stroke at the time of the original injury—and situate at the opposite pole of the cranial sphere—may be the traces of bruise or crush of the cortex, or traces of meningeal hæmorrhage, or of local, acute, or chronic meningitis—*e.g.*, old adhesion-bands, and meningeal thickening, and areas of adhesion and decortication, chiefly affecting the base of the brain. Atrophy, more obvious in the grey than in the white, has befallen the cerebral hemisphere chiefly affected; and the ventricular endyma is often granulated.

In some traumatic cases, with marked meningeal thickening and opacity, cerebral atrophy, pallor, and fine changes, chiefly, and irregularly distributed, in one hemisphere—is gradual dementia, and sometimes a mild expansive state reminding one of general paralysis.

Conditions, at least resembling general paralysis, may also come gradually some months after severe cranial injury. Preceded by strangeness of manner, emotional depression, severe cranial pain, hallucinations and delusions—come physical symptoms as of general paralysis, mental failure with large ideas (although of some fixity) completing the resemblance. But under active treatment such cases may vastly improve for years, eventually deteriorating, however, on the lines of dementia, spastic paraparesis, and various speech affections. At the necropsy, are slight brain wasting, some chronic meningeal thickening and opacity, slightly increased dural adhesions to the calvaria, the traces of old hæmorrhage into the sub-dural space; and degeneration of the pyramidal tracts of the spinal cord.

In these last two sub-groups we have cases at least closely allied to general paralysis, or forming the links between it and some other organic brain diseases, or perhaps to be taken as modified varieties of general paralysis itself. And there are other cases holding a somewhat analogous position, but the limits of space will scarcely permit us to more than mention them.

Such are cases *with* (a) indistinctly or moderately marked signs as of general paralysis in speech, face and tongue, &c., *and, besides, either with* (b) suicidal attempt and slightly dangerous tendencies, emotional dejection, delusions of melancholic and hypochondriacal type; hallucinations and delusions as to hostility against him, annoyance and persecution; severe cranial pain, and some symptoms of hysteroneurasthenia; *or else with* (b) severe cranial pain, emotional depression, weeping, or excitement under delusions, and especially under vivid hallucinations, as to hostility towards him, his persecution in various ways, his condemnation and impending death; *or else with* (b) a dazed confused state of mind, hallucinations, and some self-satisfaction. In the last case, the considerable clearing up of these symptoms links it with a sub-group, there is not space to describe, in which the mental and physical symptoms follow quickly or comparatively soon after the injury, simulate general paralysis of the expansive and excited, or of the depressed type; but soon clear up or vastly meliorate.

We next take unquestionable cases of general paralysis of the insane.

Traumatic General Paralysis.—In some examples at least, one cerebral hemisphere is much more affected than the other by adhesion and decortication, and by a

quivering, usually limited to the arm affected, and best seen in those forms of hemiplegia (e.g., the infantile) in which recovery is taking place; it is also seen occasionally in cases of muscular atrophy, in certain forms and stages of cerebral and cerebellar disease, such as tumours, softening, &c., and in locomotor ataxy. Another form of tremor, not choreic in character, being more rhythmical and limited, is to be met with in paralysed limbs. *Athetosis* is a slow mobile spasm of intermittent type, uninfluenced by repose, and inco-ordinate in its nature; it is limited as a rule to the fingers and wrists, to the feet and toes, though occasionally it has been observed in the face and eyelids.

Paralysis agitans affords us a typical illustration of rhythmical tremor. It varies in range from a minute continuous fibrillation to a severe oscillation, and as its amplitude increases its rate lessens, diminishing from about 7 to 4.8 contractions per second. In the early stages of the affection the tremor is fine, increasing in range as the malady progresses; it is continuous during rest, and at first it can be controlled for a very short period by a strong effort of will; in the early stage, too, the fibrillation may not be apparent during rest. Its other peculiarities are, the horizontal tremor of the arms, the significant attitude of the hand, the thumb oscillating against the index finger forming the so-called pill-rolling movement, the bent attitude, the fixed and vacant facial expression, and the unsteady festinating gait. There is a slight increase in amplitude of range of the tremor on movement, but this is by no means so marked as in insular sclerosis or the toxic forms of tremor. The groups of muscles affected are mainly those of the hand and fingers and of the wrist, while those of the upper arm are less, and those of the shoulder least concerned in the tremor. This, as above mentioned, is generally horizontal, but it may be lateral or antero-posterior in direction, occasionally supinatory and pronatory movements predominate. In some few cases the shoulder muscles are mainly affected, the degree of muscular implication diminishing downwards instead of upwards. In the lower extremities the intensity of tremor diminishes from below upwards. The trunk muscles are occasionally affected, but the head is generally free from tremor, such oscillations as are to be observed being due to the tremor of the arms. The tremors of *paralysis agitans* and disseminated sclerosis are slow oscillations as distinguished from the tremors

of alcoholism, general paralysis, exophthalmic goitre and mercurial poisoning, which are far more rapid. The speech presents the peculiarity observed in the gait; there is, as it were, an articulatory festination, a tendency to run words into one another.

Chorea.—Though the purposeless movements of chorea are not strictly to be included among tremors, they, save for their amplitude, partake of the nature of irregular tremor of extremely wide range and slow action. It was this consideration that led Duchenne at first to regard cases of insular sclerosis as instances of chorea in which the irregular oscillations had increased in rapidity while diminishing in amplitude. It will not be necessary for us here to enter on the characteristics of choreic and choreiform movements and habit spasm—they will be found described in other parts of this work.

Insular Sclerosis.—The tremor peculiar to this affection presents certain peculiarities; in the first place it occurs only on attempted movement, it is jerky, extremely irregular and increased by effort, emotion, and attention directed to the movement. The tongue shows tremors of a jerky inco-ordinate character when protruded, but the facial muscular action is generally calm. Ocular muscular tremor or nystagmus is common. Articulation has been called “syllabic,” staccato or scanning, with a tendency to clip the ends of words. The tremor in the early stages is limited to the hands, but later on the legs share in the spasms, inducing a peculiar gait which has originated another name for the malady—spastic paraplegia.

General Paralysis.—The muscular tremors in a typical case of general paralysis are frequently indicative of the hyper-emotional mental condition and the lack of controlling power. In the earliest stages there is to be noted an irregular loss of restraining power, an inability to gauge correctly the amount of force necessary to be expended in carrying out fine movements, hence the smile becomes a quivering expanded grin, the tongue is projected with a jerk with coarse fibrillar tremors when kept out for a while, and the hands and arms are moved through wider ranges than necessary for the accomplishment of actions. Later on the muscular tremors grow more prominent and assume a fibrillar type, becoming associated with the earlier ataxy; the tongue when protruded exhibits a fine rippling tremor, irregular, and at times spasmodic; the lips show twitchings, wave-like

The pulsatile jerking of the extremities in heart disease must not be mistaken for a rhythmic tremor.

Old age presents us with a peculiar form of tremor; we are not speaking of the tremor due to muscular weakness, but an extremely fine regular and rapid oscillation which at first occurs only during muscular exertion, ceasing entirely during rest and sleep. It is earliest observed in the arms and hands, the neck muscles being affected later on. After some time it occurs both during rest and on exertion, and presents so close an analogy to paralysis agitans (except that the other signs of the affection, the peculiar gait, the fixed look, and the affected speech, are absent) that it has been regarded as a modified form of that disease. It is especially to be noted in the writing, a typical example of which is furnished by Fig. 1. in the article on Handwriting (*q.v.*).

Another form of tremor, apparently independent of disease, but in all probability due to **hereditary nervous weakness**, has been described by Gowers and others. It is usually fine in range, sometimes irregular and unequal in degree of movement, and there is no concomitant muscular weakness or rigidity, which distinguishes it from the tremor of paralysis agitans. It occurs in young or middle-aged persons, is capable of being controlled by the will, so that it does not show itself in the writing, and occasionally it ceases during rest. The hands and neck muscles are those mainly affected, but the face and tongue may also share in the tremor, such cases being frequently mistaken for early general paralysis. Emotional states, especially if severe or long-continued, have been assigned as the direct cause, while an inherited neurotic disposition, either from gross nervous lesion or functional nervous disorder, has been found in most cases.

Diagnosis.—This is involved and has been anticipated in the description of the several varieties of tremor. It would be extremely difficult in some cases, did not the affections in which they severally occur present other symptomatic evidences of distinction, and it is merely for the purpose of description and not for differentiation that they have been thus grouped. The broader forms of tremor are certainly distinctive, though even in these, unless great caution is exercised, errors of diagnosis may be made. The handwriting illustrating varieties of tremor will be found in a separate article. (See **HAND-WRITING OF THE INSANE.**)

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[*References.*—Gowers, *Diseases of the Nervous System*. Quain, *Dictionary of Medicine*. Chareot, *Diseases of the Nervous System*, Syd. Soc., 1889. Bristowe, *Theory and Practice of Medicine*. Roberts, *The Theory and Practice of Medicine*. Finlayson, *Clinical Manual*. Bevan Lewis, *Text-book of Mental Disease*, London, 1889. Backnill and Tuke, *Psychological Medicine*. Savage, *Insanity*. Clouston, *Mental Disease*, London, 1887.]

TREPINING.—Those conditions of mental disease in which surgical interference has been employed for relief or cure are those of (I.) injury to the brain and skull, (II.) general paralysis, (III.) imbecility when resulting from microcephaly, hydrocephalus, &c., (IV.) hallucinations (cerebral sensory disorders), and (V.) chronic epilepsy. In the following brief statements reference will not be made to details of surgical technique, since these are all contained in well-known text-books of operative surgery and monographs on the surgical treatment of diseases of the central nervous system, it being sufficient to remark in passing, that no operative interference is justifiable without conformity with the Listerian principle of asepsis and antisepsis. Further, to profitably discuss the application of operative measures to the above-stated disease states, allusion will first be made to the pathological condition which it is desired to relieve, and then will follow a discussion of the treatment which it is suggested should be at present adopted. Finally, no space will be occupied in discussing the question of risk to life, except where specially prominent (see III.), since the condition of all these cases is one of hopeless incapacity and death, unrelieved if surgery can do nothing for them. For this reason the mortality percentage, after such operations, although extremely small, is of no scientific value or interest to the community.

The difficult question of estimating the value of the results of such treatment is considered last.

I. Injury to the Brain and the Skull.—*Pathology.*—Cases in which various forms of insanity have followed severe injury to the brain or skull are commonly spoken of as cases of traumatic insanity, a very unfortunate expression. The first and most complete account of cases in which surgical treatment was resorted to for the direct purpose of relieving the mental condition are those recorded by Skae and others, later by Bacon, Hartmann, and Talcott (see also Mickle). In all these cases there was a direct injury to the head, resulting in the production of a localised lesion in the skull and a cicatrix. The cortex of the brain consequently was damaged in each instance, and further,

fatal, and further, since simple trephining can unquestionably relieve the pain when that is present, it might be tried purely empirically.

III. Imbecility (Microcephaly, &c.).
—Pathology.—Since Lannelongue's well-known communication on the advisability of opening the skull in cases of microcephaly, that treatment has been freely adopted in those patients in whom it was reasonable to assume that there was either defective development of the extensible bony envelope of the brain, or pathological increase of the intra-cranial tension with no corresponding compensation on the part of the growth of the skull. Putting aside such states as cannot be shown to satisfy either of these two conditions, we are left to consider the propriety of surgical interference in cases of microcephaly and hydrocephalus. While speaking on the question of pathology it is perhaps hardly necessary to do more here than allude to the necessity of excluding in any given case the possibility of the particular condition under observation being due, either in part or in the main, to that very obscure but commonly spoken of class of cases in which encephalitis is considered to have occurred in early life and to have been the starting-point of the mental degradation (*cf.* Strümpell, &c.). To return to the cases of (1) *Microcephaly* and (2) *Hydrocephalus*: the former of which must be considered at some length.

(1) *Microcephaly*. — This is not the place to introduce the academic discussion (Broca and Virchow) as to whether the brain condition or skull condition in microcephaly (*q.v.*) is more strictly primary. It is sufficient to remark that in microcephaly a ready distinction may be drawn between the cases according as they are of greater or less severity. Thus, as regards the *cranium*, in the former case, the fontanelles close within the first few months of birth, synostosis of the sutures occurs, and hyperostosis of their margins, while the bone subsequently increases in thickness, but not or only very slightly in superficial area. In the less severe cases the fontanelles do not close so early. Synostosis may be confined to one suture producing plagiocephaly, or only to parts of sutures; the bones of the *cranium* extend, but very slowly, and individual bones may cease growing after the first year or two of extra-uterine life. As regards the brain in a certain proportion of the former cases, the arrangement of the cortical mantle has been found to be primarily defective and no direct evidence of intra-cranial tension present. In the remainder there is an obvious crowding

of the elements of the encephalon and apparently an inhibited tendency of development. In the latter cases (the less severe), and in which the cerebral development has, as suggested, proceeded further, the defect, so far as the brain is concerned, is that due to want of space. Next, as regards other structural conditions observed in microcephalic idiocy, these may be summed up as consisting of arrest of development of the other parts of the body, and in addition of anomalies of development. Coming next to disorders of function, in the worst cases there is great difficulty in procuring the education of simple acts necessary to life—*e.g.*, swallowing. There is at first contracture of usually all the limbs, and, if this passes off and normal movements are not established, the condition becomes one of flaccid paralysis. Finally a severe form of functional disturbance not infrequently present is that of convulsions.

Operative Procedure.—The operation for the relief of microcephaly so far has been designed towards cutting away the synostosed sutures, thus giving room as well as allowing for the natural distension of the bony capsule. The technique of the operation has been variously described, and performed. We believe that the best—*i.e.*, the least disturbing—is the following. The plan must include the performance of the operation piecemeal, since we believe we have shown that a danger to life in the shape of hyperpyrexia may thus be avoided, and it goes without saying that, similarly, shock is much excluded thereby. The first operation consists of a simple incision—*i.e.*, one about 4 centimetres long, parallel with and close to the middle line. A disc of bone averaging 1 to 1.5 centimetres is removed, the wound is closed, and treated in the ordinary way. On subsequent occasions further portions are removed as follows: Parallel incisions are made with a small saw, in the skull one centimetre apart, and continued for 4 to 6 centimetres, according to the condition of the patient. In this manner long strips of bone are removed along the lines of the sutures, so as to free one-half of the parietes of the skull from the middle line. If this be insufficient, as evidenced by the after-condition of the patient (*vide infra*), the other side may be similarly operated upon. The procedure thus described is not the usual one, nor that which is employed by several surgeons at the present time, some preferring to cut away the bone by pushing forceps between the dura and the bone, and so conveniently dividing the latter. While believing that this may be utilised in later operations we

summarised have long been open to observation, it is only within recent years that accurate and precise demonstration has been brought forward as to the delicate character of the reactions of the bladder to psychic stimuli. To Mosso and Pellacani, by their classical and decisive investigations on the human subject in 1882, is due the credit of demonstrating that contractions of the bladder result directly from the irritation of any sensory nerve; and also that all conditions of the organism which raise the blood-pressure and excite the respiratory centres, produce an immediate and measurable effect upon the bladder. Some preliminary experiments with dogs, by means of the plethysmograph, showed that a caress or an affectionate look produced an immediate contraction of the bladder. Several series of observations were then made with young girls about the age of twenty. A catheter, connected with a tube leading to a plethysmograph, was inserted into the bladder, the subject lying quietly on her back with her legs slightly open and raised. On lightly touching the back of the first subject's hand with the finger a notable contraction of the bladder was at once registered. On winding up the instrument which turns the registering cylinder in connection with the plethysmograph there was another less marked and less rapid contraction; while the bladder was dilating after this contraction Mosso addressed a trivial remark to the girl, a trifling contraction at once occurred and was repeated when she spoke in reply; it was ascertained that these contractions were not due to the abdominal movements of respiration. Some experiments were then made on a very intelligent girl as to the effect of the psychic representation of pain in producing contraction of the bladder. On saying, "Now I am pinching you," but without pinching, there was immediately a manifest contraction, without respiratory change. When the girl spoke there was a still stronger contraction, and this was repeated when a pleasantry was addressed to her. "These phenomena may be considered as the most delicate examples of reflex movement which are produced in the organism, and they correspond to what we have already remarked in animals." On another girl similar experiments were carried out to show the effects of mental exertion. On making some unimportant remark to her there was a trifling contraction; when the object of the experiment was explained, by telling her that she would have to multiply figures to see what would happen in her bladder, there was a more powerful

contraction; she was then asked how many eggs it took to make seven dozen. During eight or nine respirations the question produced no effect, then contraction slowly began, and when she had found the answer the bladder slowly dilated to its original volume. "From these experiments which we have repeated on a large number of persons, it must be concluded that every psychic event and every mental effort is accompanied by a contraction of the bladder."

It was found that every influence which contracted the blood-vessels contracted also the bladder, and shortly afterwards Pellacani made some allied investigations as to the effect of drugs in producing vesical contractions.* He found that alcohol and coffee, active agents on the heart, vessels and nervous system, also influence the bladder walls. "For alcohol we have observed a short period of dilatation, followed by a longer period of progressive augmentation of tonus, particularly when the person is in a state of intoxication. The action of coffee on the bladder of man is much prompter than that of alcohol." Gallic acid produces powerful contraction of the bladder by its astringent action on the vessels. Pilocarpine produces very powerful and rapid contraction.

François-Franck and Pitres took up this question so far as animals are concerned, and declared their results at the Collège de France in 1884-5. They experimented on dogs, and observed simultaneously the curves of arterial pressure and of pressure in the bladder. They found that the bladder frequently contracted before the manometer indicated any vascular contraction; that the bladder contraction usually ended before the vascular; and that not seldom, under the influence of feeble cerebral excitation, there was an energetic vesical contraction independently of all vaso-motor contraction. Their experiments, they concluded, fully confirmed the results reached by Mosso and Pellacani.

There is, therefore, no doubt that "the bladder," in Mosso's words, "is an æsthesiometer more certain than the blood pressure, and not inferior even to the iris."

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[References.—Mosso et Pellacani, Sur les Fonctions de la Vessie, Archives Italiennes de Biologie, tome 1, 1882. Article, Encéphale (Physiologie), in Dictionnaire encyclopédique des Sciences Médicales. D. Hack Tuke, Influence of the Mind upon the Body, vol. II. pp. 61-62.]

URINE. Physical Characters.—Normal urine is a fully clear fluid, of an

* "Archives Italiennes de Biologie," tome II. 1882.

(54 cases), 1020; general paralysis of the insane (60 cases), 1021.

The colour of the urine depends largely upon the colouring matters in it, and upon variations in the amount of water. In the sudden polyuria occurring after an attack of hysteria, it may be as clear as water. The urine passed after an epileptic fit is sometimes remarkably clear owing to the tendency to increase of the water. In mania and melancholia during the acute periods the prevailing colour of the urine is high; in dementia it is light.

The reaction is usually acid, and this is markedly so where there is excitement or prolonged muscular exertion. Sutherland and Rigby found it to be acid in at least 80 per cent. of the maniacal and melancholic cases, but in dementia the proportion was much smaller, viz., 63.54 per cent. A twenty-four hours' collection of urine is normally acid, but if portions of the twenty-four hour urine be examined as it is secreted, certain portions are normally slightly alkaline or neutral; for instance, the urine secreted after a meal is often alkaline, the accepted explanation being that hydrochloric and other acids are poured out into the stomach for the purposes of digestion, hence a temporary increased alkalinity of the fluids within the circulatory system and the separation of a greater proportion of base than acid through the kidneys, so also the ingestion of a purely vegetable diet renders the urine alkaline, as is ever the case with the herbivoræ; on the other hand the urine of the carnivoræ has a high degree of acidity, and people who consume much animal food secrete urine the acidity of which is greater than that of persons eating less meat.

The cause of the normal acidity used to be referred to acid phosphate of soda, but the more correct view is to consider it due to loose combinations of organic acids and salts; for instance, if the ordinary sodic phosphate, Na_2HPO_4 , which has an alkaline reaction, be dissolved with an equivalent weight of hippuric acid (142 : 179) a strongly acid re-acting fluid is obtained which may be considered with equal justness either a solution of acid phosphate of soda and hippurate of soda, or a solution of neutral sodic phosphate and free hippuric acid. Similar reactions are obtained from the union of uric acid with the alkaline phosphates; in other words the acid reaction of the urine mainly depends upon loose combinations between the uric and hippuric acids and the alkaline phosphates. The acid reaction given by the urine of the aforementioned cases admitted to Bethlem was in mania 83 per

cent.; dementia and delusional, 88.3 per cent.; general paralysis, 90 per cent.; melancholia, 99 per cent. (This estimate is open to objection, for in many instances the specimens obtained did not represent the amount passed during the twenty-four hours.)

The constituents of the urine to be studied mainly divide themselves into six divisions.

(1) **Nitrogenised Bodies of the Nature of Urea:** Urea, uric acid, allantoin, ammonia, oxaluric acid, xanthin, guanin, kreatin, kreatinine, sulphocyanic acid.

(2) **Fatty Nitrogen Free Bodies:** Fatty acids of the series $\text{C}_2\text{H}_2\text{O}_2$, oxalic acid, lactic acid, glycerophosphoric acid.

(3) **Carbohydrates:** Inosite, gum.

(4) **Aromatic Substances:** Hippuric acid, the ether-sulphates of phenol, cresol, pyrocatechin, indoxyl, scatoxyl and others.

(5) **Mineral Constituents:** Chlorides of sodium and potassium, sodic phosphate, phosphates of calcium and magnesium, calcic carbonate, potassium sulphate, and others.

(6) **Colouring Matters.**

In disease there are also albumins, grape and milk sugar, bile acids and bile colouring matters, methæmoglobin, hæmatoporphyrin, oxymandelic acid, leucin, tyrosin, cholesterin, fat, cystin. A great number of medicinal agents are also separated, changed, or unchanged, by the urine. We shall not refer further to the 6th section.

(1) **Urea and Allied Bodies.** *Urea*, $\text{CO}(\text{NH}_2)_2$.—Since more than half the nitrogen excreted by the kidneys is in the form of urea, its excess or diminution is a measure of nitrogen changes in the body; in order therefore to appreciate, or even to detect, deviations from normal elimination, it is first necessary to understand fully the variations according to body weight, age, sex, food, rest, or exertion, which may be considered normal. In the outset it may be premised that ordinary clinical determinations of urea excretion, so many of which are to be found published in clinical literature, have but a restricted value; this is especially true of those which are unaccompanied with exact details of diet. Quite independent of all other circumstances, the urea excretion varies much according as nitrogen is taken into the body in large or small quantities. For example: the same individual,* other conditions being similar, excreted (during twenty-four hours) the following quantities of urea on different diets:

* O. V. Franque, "Dissert." Würzburg. 1855.

In this otherwise careful research there are no exact data as to the composition of the food.

In **general paralysis**, there is some discrepancy of opinion, Addison found less urea excreted than in health. Merson,* on the other hand, considered the daily average showed an increase. Sander† found the excretion to be small in general paralysis. Rabow found relatively more urea in the first stage and with the advance of dementia a diminution in the amount. In the melancholic first stage the urea is less increased as a rule. In dementia, and especially where the vitality is low, all observers agree that the urea is diminished below the normal standard.

In cases of **hysteria** and **cataplexy**, Strubing‡ found during the seizures a diminution of urea. The most recent researches on the amount of urea excreted by general paralytics are those made by Dr. John Turner,§ and Dr. W. Johnson Smyth.|| Turner's cases were all on a diet which it is computed was equivalent to 12.2 grammes of nitrogen and 342 grammes of carbon. The number of cases in which it was possible to collect complete samples of the urine for twenty-four hours was 61, and the mean daily quantity of urea excreted by these was 24.5 grammes. In eighteen cases in the first stage of the malady the mean was 24.7 grammes, maximum 33.4; minimum 18.2. In thirty-five cases in the second stage, the mean was 24.6 grammes; maximum 42.0, minimum 13.4. In eight cases in the third stage the mean was 23.6 grammes; maximum 34.0; minimum 15.6. He therefore concludes that there is a real diminution of urea excretion among general paralytics. Smyth's cases were ten in number, and the observations were continued for seven days. The observations seem to have been made with especial care and the results compared with those obtained from two healthy men living on the same diet.

The mean results are as follows :

	Two healthy men.	Mean of ten cases of gene- ral paralysis.
Total amount of urine	1356 c.c.	1578 c.c.
	grammes.	grammes.
Total solids per day .	37.8	47.0
Urea, per day . . .	23.2	26.0
Uric acid	0.9	3.1
Phosphoric acid . .	1.2	1.6

* "West Riding Asylum Reports."

† Griesinger, "Mental Pathology and Therapeutics" (New Syd. Soc. Transl.), 1867.

‡ *Deutsch. Arch. f. Klin. Med.*, 1880, Bd. xxvii. p. 125.

§ *Journ. Ment. Sci.*, Oct. 1889.

|| *Ibid.*, Oct. 1890.

These observations do not agree with Turner's, for the urea is not diminished but rather increased. The quantity of urine, the total solids, and especially the uric acid also, all show a considerable increase.

In an analysis of the urine in three cases of epilepsy, Gibson* found the average twenty-four hours' secretion of water a little above, of urea, chloride of sodium and phosphoric acid below the normal amount. The nightly average of water and NaCl was less than the daily; of urea equal; of phosphoric acid greater. No constant change in the urine of the fit nights, but a tendency to increase of water, urea and chloride of sodium. There was also increase of all the constituents in the hours following fits. With regard to other maladies: In osteomalacia,† in lepra, pemphigus,‡ impetigo,§ in chronic rheumatism, and generally in chronic anæmic diseases, a lessened excretion of urea has been observed.

Uric Acid.—A. B. Garrod|| considers that a man excretes one part of uric acid per 120,000 parts of body weight; hence a man weighing 56.5 kilos would excrete normally 0.47 grammes during the twenty-four hours. Thudichum puts it at 0.5 gramme, and Neubauer and Vogel, in saying that the excretion varies between 0.2 and 1.0 gramme, also put the mean daily excretion for persons of standard weight at 0.5 gramme. The eating of a highly nitrogenous diet raises the excretion of uric acid; under these circumstances, Ranke found as much as 2.1 grammes, the urea itself being much increased. Ranke considered that gentle bodily movements diminished the excretion, and excessive movements raised it. It is, indeed, doubtful whether muscular activity has much to do with increase or diminution of uric acid. The old idea also, that sugar produces an excess of uric acid, is pretty nigh exploded, for direct experiment has shown no increase so long as the digestion is not affected, even when large quantities of sugar have been consumed. The general consensus of opinion at present is that the varying quantities of uric acid depend in the main upon individual peculiarity.

Since uric acid closely follows urea, in all the cases previously mentioned in which urea has been found in excess or the reverse, uric acid will also be found in excess of normal or below normal. Thus an increase has been noted in pyrexia, in

* Roy. Med. Chirurg. Soc., 1867.

† Schmutziger and Leube, Peters, *Med. Wochenschrift*, 1882, p. 361.

‡ Kaposi, "Kantkrankheiten," p. 481.

§ Beneke, *Arch. f. Wiss. Heilkunde*, Bd. II. 36.

|| "Proc. Roy. Soc.," vol. xl. pp. 484, 485.

of oxalic acid or of a soluble oxalate is mixed with an aqueous solution of a soluble lime salt. The precipitate may be amorphous or it may be in a crystalline form, such as dumb-bells, octahedra, or sometimes as four-sided prisms, rarely as spheroids. The crystals are insoluble in acetic, soluble in hydrochloric, acid. Hence, to find readily oxalate of lime crystals in a urinary sediment, it is well to treat the sediment with acetic acid, which will dissolve phosphates and leave oxalate of lime and uric acid sediments undissolved. The reason why so insoluble a salt as lime oxalate can exist in solution in the urine was discovered by Neubauer, who found that it was soluble in a solution of acid phosphate of soda. If to a solution of hydrosodic phosphate a few drops of chloride of lime are added and followed by a solution of ammoniac oxalate, no precipitate occurs; but if sufficient soda solution is added to neutralise the acid phosphate, then down comes the lime oxalate. A similar change takes place in the urine on standing; the acid phosphate of soda and the sodic urate interact, first forming acid urate of soda, and little by little the acid phosphate of soda disappears from the urine, and the oxalate falls slowly down, the slow deposit being most favourable for the production of crystalline forms. A similar, perhaps identical, process takes place occasionally in the bladder, and then there is a formation of urinary calculus.

At one time it was supposed that a particular disease known as oxaluria existed, but, although it may be that in one human body more oxalic acid is excreted through the kidneys than another, there is great doubt whether as a distinct malady oxaluria exists. Beneke stated that under continued depressing mental influences oxalic acid crystals appeared in the urine constantly and in very large numbers, and at the same time the quantity of lithic acid became increased, while no change had taken place in the manner of living.

Glycero-phosphoric Acid. — Since the brain and nervous system are so largely made up of combinations of glycero-phosphoric acid united with complex albuminoids, it is only reasonable to imagine it possible that, if there should be any actual loss by wasting of the nervous tissues, there would be an excretion of phosphorus, either in the form of phosphoric acid or of glycero-phosphoric acid, the latter being the more probable. Although there have been many estimations of total phosphates in the urine of persons affected with general paralysis and other

brain diseases, and although there is a widespread belief that phosphates are generally increased in these maladies, the researches hitherto have been far from satisfactory because the all-important factor has been usually neglected of careful previous estimation of the intake in the food of phosphates. This remark does not, however, apply with the same force to glycero-phosphoric acid, which has been ascertained to be excreted in such small quantities in health that, in order to estimate it, 10 litres of the normal urine require to be operated upon. Hence, if found in sufficient quantity to weigh when operating upon a quarter or half a litre of urine, we may, in our present state of knowledge, consider such a quantity pathological.

A series of researches on the excretion of glycero-phosphoric acid in the urine of the insane would be of the highest value, and it is strange that it has not been more often undertaken. The most important work in this direction of late years has been done by Dr. E. Birt, at the West Riding Asylum, Wakefield, and his results published in *Brain* (October 1886). In 1884 Zuelzer* maintained that "from the nervous tissue when in a state of lowered irritability the delivery of material is augmented, and that it is lessened in conditions of exalted irritability. Further, that each of these series of conditions is, in respect to the tissue change, differentiated by urinary qualities peculiar to it, and of such kind that, in depressed conditions (traumatic or pathological destructive brain lesions, chloroform, ether, morphia, narcosis, &c.), the phosphoric and glycerin phosphoric acids of the urine are increased; whereas excited conditions (as induced by strychnia, phosphorus, alcohol in small doses) are attended by a diminished amount of those products in the urine." According to Zuelzer†, the normal gravimetric proportion of the P_2O_5 to the N in the twenty-four hours' urine of the adult, is 18 or 20 to 100. In blood, the mean proportion is as 4 to 100; in muscle, 15 to 100; in brain and other nervous organs which contain the greatest amount of lecithin, 45 to 100. Lépine and Eymounet‡ estimated the normal amount of glycerin phosphoric acid in grammes at 0.25 to 100 N, or about 1 per cent. of the total P_2O_5 . They also noted "an increase in the renal excretion of the phosphorus compounds — parti-

* "Untersuch. über die Semelologie des Harn," s. 57, n. ff. (quoted from Birt).

† Birt, *Brain*, Oct. 1886.

‡ *Comptes Rendus des Séances de l'Acad. des Sciences*, t. xcvi. 1884, No. 4, p. 239, vide Birt.

of potassium. The decrease of the substance in chronic cases of brain disease must be attributed generally to diminution of muscular activity, dependent on the protracted course of the disease. In other cases it may be ascribed to the general weakness or exhaustion of the nervous system, the result of imperfect assimilation. Bence Jones has endeavoured to show that a distinction between inflammation of the brain and delirium tremens is to be found in the increased amount of phosphoric acid (alkaline and earthy phosphates) in the urine of patients with inflammation of the brain. This test is of little practical value, for the sources of phosphoric acid in the urine are so numerous that it would require the evidence of a vast number of analyses to convince one that inflammation of brain tissue would so much increase the amount of phosphoric acid in the urine that this fact alone would suffice for the diagnosis between an inflamed and non-inflammatory condition of the brain. In delirium tremens Bence Jones found excess of urea, sulphates and albumen.

In puerperal insanity Dr. Campbell Clark found chlorides were scarcely traceable, being so low as 0.36 grammes in twenty-four hours; for fourteen hours of day urine the minimum was 0.09 gramme, and for ten hours of night urine 0.24 gramme. He concludes that "the deficiency of chlorides may be partially, but insufficiently accounted for, by (a) the anorexia and atonic dyspepsia; (b) saline deficiency in the food administered; (c) sluggish digestion, owing to artificial, instead of natural, alimentation; (d) the pyrexia, which must in these cases be regarded as only of moderate import; (e) moisture of the skin." He also considers that "it is exceedingly probable that in some way yet to be ascertained chlorides accumulate in the system, and have some pathological significance in this disease, which we know not. The loss to urine and mucous secretions have three possible explanations: (a) Chlorine starvation; (b) chlorine infiltration of tissues; (c) chlorinæmia. Campbell Clark found a decrease in the quantity of phosphoric acid in puerperal insanity, being as low as 0.2 gramme in twenty-four hours, the minima being 0.07 for day urine, and 0.25 gramme for night urine, and he considers that the quality rather than the quantity of mental excitement is more likely to account for the changes in the excretion of the phosphoric acid.

Albumen.—Rabenan* has several times

observed the occurrence of albumen in many cases of paralysis at some time or another. Richter*, however, states that this constituent is not frequently present, and, if it is, is not connected with the cerebral disease. In epileptics, quantitative and qualitative changes occur. Formerly it was repeatedly stated that sugar and albumen occur immediately after the fit. The sugar question is now settled, since all recent works on this subject agree that urine passed after the epileptic attacks is free from it. On the contrary in regard to albumen, Huppert† found that a certain amount is found after every attack. Rabow found albumen in eight, but no sugar in the urine of ten, epileptic lunatics immediately after the fits. Sometimes the reaction was so slow and feeble that it might have been easily overlooked. Huppert arrived at the conclusion that albumen appears in the urine after every well-marked fit of epilepsy. It is not found in urine which is passed just before or during a paroxysm. It continues to be present in urine passed from three to eight hours after a fit. The more severe the fit the more abundant the albumen. Mere cases of epileptic vertigo may be quite unattended by this phenomenon unless the attacks follow one another rapidly. The amount excreted is never large; there may be sufficient, however, to form the ordinary flocculi with heat and nitric acid, but often there is only a white cloudiness or mere opalescence, especially after mild epileptic fits. The largest quantity of albumen is found in the first urine passed after the fit, and the greatest average amount in those patients who have long suffered from severe attacks. Such urine is remarkable for its clearness and increased quantity; its specific gravity generally ranges from 1012 to 1020. In severer forms of epilepsy there are sometimes hyaline cylinders and (in males) spermatozoa in the urine. The cylinders are found in the first or second urine after the fit, but they do not remain present so long as the albumen does.

The spermatozoa also occur in the first urine after severe attacks, and in about a tenth of the cases exist in such numbers that the conclusion is inevitable that a definite though slight ejaculation of semen is coincident with the fit. It probably is due to a direct nerve irritation, that is, one which bears the same relation to the central nervous centres as the convulsions do. A true seminal emission is not a phenomenon of epilepsy in Dr. Huppert's experience. Red blood corpuscles are seldom present in the urine after epileptic

* *Archiv von Psych. und Nervenkr.*, Bd. iv. p. 787.

* *Archiv von Psych. und Nervenkr.*, Bd. vi.

† Virchow's *Archiv*, Bd. lix.

EXAMPLES OF URINE ANALYSIS.—The following few analyses of urine are added as examples of the possibility of determining quantitatively several of the organic principles in the collection of twenty-four hours' renal secretion.*

Mania.—*Acute Mania with Refusal of Food.*—Female, height about 5 feet; weight, 8st. 8 lbs.=54.45 kilos. *Food consumed:* Bread, 2.5 ozs.; tea, 1 pint; milk, 2 ozs.; sweetened arrowroot, 1 pint (made by thickening milk with arrowroot). Analysis of the urine of twenty-four hours Nov. 4-5, 1889: Quantity, 770 c.c.; reaction, slightly acid; specific gravity, 1007; sugar and albumen, absent. Total solids, 13.04 grms.; ash, 2.42 grms.; volatilised chlorine calculated as NaCl, 1.6 gm.; organic solids, 9.02 grms. SO₃ as mineral sulphate, .60; uric acid, not estimated; hippuric acid, .03; kreatinine, .05; nitrogen by soda lime, 3.39 grms. (=7.26 grms. urea).

Melancholia.—Female patient, height 5 feet 2 inches; weight, 6st. 12lb.=43.5 kilos. *Food consumed:* Bread, 14 ozs.; butter, 1 oz.; tea, 2 pints; milk, 2 ozs.; potatoes, 5 ozs.; meat, 3 ozs.; 3 ozs. of a pudding made of rice and milk; water, 8 ozs. Analysis of the urine of twenty-four hours Nov. 4-5, 1889: Quantity, 1688 c.c.; reaction, slightly acid; specific gravity, 1010; sugar and albumen, absent. Total solids, 32.72 grms.; ash, 7.76 grms.; volatilised chlorine calculated as NaCl, 9.32 grms.; total organic solids, 15.64 grms. SO₃ as mineral sulphate, .31; ether sulphate, .06; organic sulphur, .05; hippuric acid, not estimated; kreatinine, .053; nitrogen by hypobromite=4.91 equal to 10.51 urea; nitrogen by soda lime=5.57 equal to 11.93; phosphoric acid, not estimated.

General Paralysis.—J. A., male, aged 43, height 5 feet 7 inches; weight, 12st. 13 lbs.=77.6 kilos; patient in the first stage of general paralysis; a complete collection of twenty-four hours Nov. 4-5, 1889. *Food consumed:* Tea, 1.5 pint with sugar and milk (milk 3 ozs.); cocoa, 1.5 pint; water, 1 pint; bread, 16 ozs.; butter, 1 oz.; potatoes, 13 ozs.; meat pie, 17 ozs. (contains about 6 ozs. meat, 1.5 ozs. haricot beans, also flour and suet). Composition of the urine: Total quantity, 2475 c.c.; reaction, slightly acid; specific gravity, 10124. Total solids, 67.32 grms.; ash, 20.54 grms.; volatilised NaCl, 16.43 grms. Mineral sulphate, 2.40; ether sulphate, 0.30; organic sulphur, 0.14; chlorine,

14.89; uric acid, 0.03 (?); phosphoric acid, 2.16; kreatinine, .113; nitrogen by soda lime, 10.08 = urea 21 grms.

A. WYNTER BLYTH.

THEO. B. HYSLOP.

UTERINE DISORDERS AND INSANITY.—We may first point out the influences of disordered functions of the sexual organs not depending upon serious organic change. One of the most obvious of these is what is best described as dysmenorrhœa from obstruction that is caused by mechanical impediment to the natural flow of the menses. Stenosis or contraction of the os externum uteri is the most obvious impediment. With or without this, may exist acute flexion of the neck of the uterus. When this condition exists the normal hyperæmia of menstruation culminates in intense congestion. Hyperæmia often entails hyperplasia. Acute pains due to tension of the swollen tissues and spasmodic contraction follow; and the sympathetic and reflected action upon the ganglionic, spinal and cerebral centres is often greater than can be borne.

With or without dysmenorrhœa, another trying condition is menorrhagia. The loss of blood entails alteration in the quality of the blood. The nervous centres are ill-nourished, and therefore prone to morbid action.

It is important to form a definite and rational idea of the terms hysteria and neurosis. Too often they are mere words used to conceal ignorance. This is an *asylum ignorantie* which ought to be closed. Hysteria is not an independent entity. It is a symptom. If we cannot trace the symptoms and its cause, commonly underlying disorder of the sexual system, the rational course is to infer that our skill is deficient, and not to bow down before an idol of the imagination. This is certain, that, in many cases, hysteria is the forerunner of insanity. This also is certain, as the result of large clinical experience, that hysteria is cured by removing the causes of dysmenorrhœa. Our case-books teem with cases of syncope, loss of memory, epilepsy, perversion of senses, hallucinations, associated with dysmenorrhœa, many of which were relieved or cured by removing the cause of the dysmenorrhœa.* The study of the influence of diseased ovaries opens another field of inquiry. Négrier affirmed that the influence of the ovaries and the activity of their function is in direct proportion to their volume. This is difficult to

* The cases were patients in the Berrywood Asylum, under the care of Dr. Greene, to whom we are indebted for the opportunity of making these analyses.

* This subject is discussed with some fulness in the Lumleian Lectures on the Convulsive Diseases of Women, before the Royal College of Physicians, 1874.

to the ovary as the ruling organ in woman, "Propter ovaria mulier est quod est." Accordingly we might expect that the disease of this organ would cause most disturbance of the nervous system. Evidence bearing upon this conjecture has been growing of late years. But it has long been foreshadowed. Thus Icard* relates that Professor Coste had brought together in the Musée de France a fine collection of uteruses and ovaries taken from women of all ages who had committed suicide during menstruation.

The following history is doubly instructive. Boyer relates the case of a lady who, during her first pregnancy, became insane. Ten years later the mental alienation having returned it was concluded that she was pregnant. Boyer removed a polypus from the uterus and she quickly recovered. This is an illustration amongst many of the analogies between ordinary gestation, and the carrying an intra-uterine tumour.

There is one form of insanity which is of extreme importance in its medico-legal aspects. Dr. Skae refers to cases of cancerous disease of the uterus and rectum

accompanied by the delusion of violation. But this form of sexual hallucination is not always associated with recognisable disease of the sexual organs, nor even with other indications of mental disorder. It is this feature which makes the subjects of sexual hallucination the more dangerous. I have been consulted in several cases of false charges of rape or seduction of this kind. It is often difficult to differentiate depravity from disease. (See CLIMACTERIC INSANITY; MENSTRUATION; OVARIOTOMY.) R. BARNES.

UTERINE DISPLACEMENTS AND HYSTERIA.—The derivation of the word hysteria indicates the connection that existed in the minds of ancient medical men between the womb and the disease hysteria. The symptoms of slight uterine displacements such as anteversion and ante flexion, and retroversion and retroflexion are so indefinite, if they exist at all, that it seems very fanciful to connect the hysterical state with the supposed displacements. (See CLIMACTERIC INSANITY; HYSTERIA; MENSTRUATION AND INSANITY; PATHOLOGY; and UTERINE DISORDERS AND INSANITY.)

V

VAGABUNDENWAHNSINN (Ger.). Insanity with special tendency to travel or wander about from place to place.

VALENTINSKRANKHEIT (Ger.). A term used for epilepsy.

VAMPIRISM.—The belief in vampirism was the result of a mixture of ignorant superstition and actual sensory hallucination. It was believed that the bodies of the dead left their graves by night and returned to their old haunts—on these occasions they sucked the blood of men, women, and children in large quantities. According to Dom Calmet, "On dit que le vampire a une espèce de faim qui le porte à manger le linge qu'il trouve autour de lui dans son cercueil. Ce rédivive sorti de son tombeau, ou un démon sous sa figure, va la nuit embrasser et serrer violemment ses proches ou ses amis, et leur suce le sang au point de les affaiblir, de les exténuer et d'entraîner leur mort. Cette persécution ne s'arrête pas à une seule personne; elle s'étend jusqu'à la dernière personne de la famille, à moins qu'on n'en interrompe le cours en coupant la tête ou en ouvrant le cœur du

revenant, dont on trouve le cadavre dans son cercueil, mou, flexible, enflé et rubicond, quoiqu'il soit mort depuis longtemps."

The naturalist, Tournefort, in his "Voyage de Levant," gives a remarkable account of what he witnessed in the island of Micon, in 1701. He and his companions saw the corpse of an islander exhumed whose supposed return to life and nightly prowling about in search of blood, had rendered him an object of dread. Everybody, he says, had lost their heads. The higher class were as much carried away as the uneducated. "It was a genuine disorder of the brain, as dangerous as mania and hydrophobia. Families left their houses and went to the outside of the town to pass the night there."

It was a common thing in countries where vampires were credited, to open the grave of the suspected vampire and burn the corpse. If the body was less decomposed than might have been expected, a confirmation of the superstition was obtained. Many persons died from the fear created by the belief of having been visited and attacked by vampires.

Calmeil records the case of a female patient in an asylum who laboured under

* "La femme pendant la période menstruelle," *Etude de Psychologie morbide et de Médecine légale*, 1890.

made use of hellebore when about to answer the treatises of Zeno; Drusus, too, among us the most famous of all the tribunes of the people, and whom in particular the public rising from their seats greeted with loud applause—to whom also the patricians imputed the Marsic war—is well known to have been cured of epilepsy in the island of Anticyra; a place in which it was taken with more safety than elsewhere from the fact of Sesamoides being combined with it. In Italy the name given to it is *Veratrum*.

“The ancients used to select those roots the rinds of which were the most fleshy from an idea that the pith extracted therefrom was of a more refined nature. This substance they covered with wet sponges and when it began to swell used to split it longitudinally with a needle, which done, the filaments were dried in the shade for future use. At the present day, however, the fibres of the root with the thickest rinds are selected and given to the patient just as they are. The best hellebore is that which has an acrid, burning taste, and when broken emits a sort of dust.

“Black hellebore is administered for the cure of paralysis, insanity, dropsy—provided there is no fever, chronic gout and diseases of the joints; it has the effect, too, of carrying off the bilious secretion and morbid humours by stools. It is given also in water as a gentle aperient, the proportion being one drachm at the very utmost, and four oboli for a moderate dose.”*

One of the disputed treatises of Hippocrates is on hellebore. We find no mention in it of its employment in mental disorders.

The correspondence between Hippocrates and Democritus makes, however, a distinct reference to its use in this disease. The latter says: “I am persuaded that if to me you should give hellebore to drink, as to the insane, it would be right that the insane should escape it, and according to your art you would have blamed it as being itself the cause of madness. For hellebore, when given to the sane pours darkness over the mind, but for the insane it is very profitable.”† Whether this was written by Democritus, or not, the production is unquestionably very ancient and, as such, of great interest. In favour of its genuineness, it may be mentioned that no one disputes Hippocrates having visited Abdera, the residence of the philosopher, and that he was on familiar terms with him.

As will be seen from the foregoing, much

confusion has arisen in regard to the varieties of hellebore used in ancient and modern times, and we fear that in spite of the attempts which have been made to elucidate the subject, some obscurity still remains.

THE EDITOR.

VERBAL AMNESIA.—A synonym of Amnesic Aphasia. (See APHASIA; POST-EPILEPTIC INSANITY.)

VERBIGATION.—**Definition.**—A psychopathic symptom first exactly described and appreciated in its clinical aspect by Kahlbaum, finds its external expression in the frequent repetition, either spoken (in which case it is done in a wearisome monotone) or written, of one and the same word or sentence, or of one and the same sound.

Diagnosis.—It is necessary also that the cause of the phenomenon should not be a *psychic* one, and to distinguish whether this is so or not is in many cases difficult, but, nevertheless, *monotonous utterances of insane persons* which appear to simulate verbigeration, may in most instances be differentiated from genuine verbigeration by an eliminative diagnosis. We have to point out primarily that such distinctions, which seem, at first, to puzzle the observer, are not uncommon in mental science, if we call to mind the fact that every alienist has to distinguish abnormal euphoria, as seen in a maniac or general paralytic, from the sense of well-being of a paranoiac; or the depression of a melancholiac from the degree of mental exhaustion which approximates closely to melancholic depression, and from the depression due to delusions, which is but an analogue of the depression of normal mental life. In all the mental phenomena evinced by the insane, the observer must grasp the difficulty he has to encounter, whether such are the immediate primary consequences of a pathological process or whether they represent secondary symptoms, induced by a psychic evolution from some primary mental affection by the influence of association of ideas. An example will illustrate this. Melancholia is an immediate primary production of certain morbid conditions, even as micro-mania, which represents a different clinical symptom of that affection. But the expectation of punishment and hanging is a mental process resulting from an association of ideas, and corresponding to the normal experience of the individual, and is therefore a *secondary* symptom—not verbigeration. This division of mental phenomena into primary, immediate and direct, and secondary, mediate and indirect, is of great importance. Without it mental science will never be kept free

* Bohn's trans., vol. v. p. 99.

† Works of Hippocrates, Frankfort edit. 17

it is employed to describe a mild phase of ordinary mania. It is also used to describe some sub-acute states of paralysis. More frequently it is employed to characterise mental confusion with hallucinations (*hallucinatorische Verrücktheit*). It is said that hallucinations in this condition are generally auditory and less frequently visual; voices are heard of a threatening character. From this may arise depression and attempts at suicide. A patient recently admitted into Bethlem Hospital (before admission, he himself complained to us of mental confusion) said he could not understand what had happened to him; he was unable to concentrate his thoughts; felt impelled to commit motiveless acts, and to injure those around him without any feeling of malice. He was also suicidal. He had no delusions, strictly speaking, and his case could not be placed under acute mania; his general condition was one to which the term in question would be applied by some German alienists, but we should rather regard it as an early stage of impulsive and suicidal insanity. In not a few cases of persons charged with the commission of criminal acts there exists a real mental confusion, apart from epilepsy, which may be confounded with feigning insanity.

Esquirol did not distinguish confusional insanity from actual dementia (*démence*). Ideler (1838) considered that confusional insanity and dementia differed only in degree, and held that although it might be a primary mental affection, it was far more frequently the secondary result of other forms of insanity.*

The term was employed by Griesinger to represent mental confusion without actual dementia on the one hand, or any specialised delusion on the other.

We have spoken of mental confusion in connection with paralysis. Meynert applies it to certain states with aphasia and amnesia.

Chronic confusional states have been clearly described by Fürstner (1876) who distinguishes confusional insanity with hallucinations from acute mania and acute primary *Verrücktheit* or paranoia (with which Westphal appears to confound it), while according to him the transition to stupor is very characteristic.

Too much importance is attached to the term when it is made use of in the sense of a primary and distinct form of insanity, and English alienists for this reason rarely employ the term confusional insanity, although, of course, they frequently

speak of confusional mental states when they occur as symptomatic of various forms of mental disease. The same opinion is held by Jolly, the successor to Westphal at the Charité, Berlin.

Wille, on the other hand, has treated *Verwirrtheit* as a distinct disorder, and describes its causation, course, symptoms, diagnosis, prognosis, and treatment.

With regard to differential diagnosis, he distinguishes it from transitory mania, mental epilepsy (*epileptisches Äquivalent*), and post-epileptic insanity, from acute mania, melancholia agitata, acute paranoia, primary dementia, and some stages of general paralysis. It can hardly be confounded with transitory mania; the history of the case should serve to prevent a mistake in diagnosis between confusional insanity, epilepsy, and acute mania.

With regard to so-called acute paranoia, there is wanting the essential symptom of systematised delusions. As regards primary dementia, there is no doubt a very strong resemblance in the main symptoms when it occurs in a mild form, but when it is well pronounced, it ought to be readily distinguished from confusional insanity, when the term is correctly used. The course of the two forms of disorder would serve to distinguish them, seeing that primary dementia (more correctly "anergic stupor") either passes into genuine incurable dementia or ends in recovery, while confusional insanity recurs in the same form—i.e., without passing into either of the terminations just mentioned.

Some statistics show that confusional insanity, understood as a distinct affection, is followed by recovery in a large number of cases (according to Krafft-Ebing as many as 70 per cent.); on the other hand, Meynert and Wille do not give such favourable results, the proportion of recoveries not exceeding 46 per cent.

Treatment.—This must obviously be directed towards strengthening the system generally by means of generous diet, probably stimulants, and if, as is frequently the case, insomnia is present, by sedatives and hypnotics — e.g., paraldehyde, sulphonal, or the bromides. If the mental condition has arisen from overwork, complete mental rest is obviously indicated, or if it is associated with masturbation, the treatment recommended in the article thereon (*q.v.*) must be adopted. (See MANIA HALUCINATORIA.) THE EDITOR.

[References. — Schüle, Klinische Psychiatrie, 1886. Wille, Die Lehre von der Verwirrtheit, in Archiv für Psychiatrie, Bd. xix. Krafft-Ebing, Lehrbuch der Psychiatrie. Griesinger, Die Pathologie und Therapie der psychischen Krankheiten. Kraepelin, Psychiatrie, 1887.]

* Cf. Wille in Archiv für Psychiatrie, Bd. xix. Heft 2, to which paper we are indebted for several of the statements in this article.

the seer had visions of saints or angels, and his revelations were agreeable to the faith, they canonised him; if he were visited by demons, they exorcised him; if he set himself against the Pope, they burned him, as they did Savonarola. Sometimes they took advantage of the morbid zeal of a missionary to send him on dangerous missions, as they did to Marcello Mastrilli. He was the son of the Marquis of San Marzano, and at an early age took religious vows. While in a church at Naples a workman let fall from a great height a hammer, which struck Mastrilli on the head, causing compression of the brain. During his illness and convalescence he had several visions of St. Francis Xavier, who held in one hand a bell, in the other a taper, telling him to choose. Mastrilli made his way to Goa, where he opened the tomb of Xavier, and put between the fingers of the dead Saint a paper saying that he was his servant, and would follow his example. The Father Mastrilli then went as a missionary to the Philippine Islands where he committed a number of pious extravagances. With great difficulty he got landed in Japan at the height of the persecution, in the hopes of converting the Shogun Iyemasa. He was seized and beheaded after undergoing many cruel tortures (1637).

Visionaries were common in the fervent state of feeling at the rise of the Reformation, and during the prolonged contest with Catholicism. Luther was himself at least during his residence at the Wartburg, subject to visual and auditory hallucinations, which he attributed to the persecution of devils. During the struggles of the Puritans in England, and the Presbyterians in Scotland, against the Stuarts, the claim to have inspirations and visions was often made, and sometimes gained great influence with heated devotees. Emanuel Swedenborg may be said to be the prince of visionaries, and there is still a considerable sect who accept his revelations; those who reject them have no choice but to regard him as the subject of delusional insanity.

Even in our own day many claim to have communication with the souls of the departed, but the old credulous and uncritical spirit now generally shelters itself under quasi-scientific forms. We have the spiritualists especially strong in the United States, who boast of a stray scientific man among their number. Allied with them is a host of magnetisers, clairvoyants, mediums, and spirit-rappers, who claim to establish a regular commerce with the world of souls, and will tell the

whereabouts of lost lovers and stray dogs. These doctrinaires have a large occult literature of periodicals and books, a key to which may be found in the "*Journal de Magnétisme*." Many of these persons still preserve sufficient mental balance to manage their own worldly affairs, and not unduly to interfere with those of others. What may be said to be common to most of them is a longing or groping towards the unseen world, a decided taste for the wonderful, a disposition to read symbols in nature, or to find mystic meanings in Scripture, with a condition of the nervous system passing from heightened sensibility into actual disease, sometimes manifested by hallucinations of the senses, motor spasms, and a tendency to chimerical ideas and strange conduct.

WILLIAM W. IRELAND.

[*References*.—History of the Supernatural, by W. Howitt, London, 1853. Kummerow's History of Magic, *Le Esotisme Uman* da Paolo Mantegazza, Milan, 1887. Through the Ivory Gate: Studies in History and Psychology, Edinburgh, 1889, by W. W. Ireland, containing accounts of Swedenborg, W. Blake, and G. Macgregor.

VISUAL HALLUCINATIONS. (See HALLUCINATIONS.)

VISUAL MEMORY.*—Memory by means of mental imagery; objects and their attributes being seen "in the mind's eye." Mr. Galton found by means of a series of questions addressed to various individuals that the faculty of memory by mental imagery occurs to a varying extent in almost every person, especially in non-scientific people. As a sex women possess the faculty to a greater extent than men do. He came to the conclusion that "an over-ready perception of sharp mental pictures is antagonistic to the acquirement of habits of highly generalised and abstract thought;" that the highest minds are those in which the power is subordinated for use when necessary. From the replies to his questions by one hundred men, at least half of whom were distinguished in intellectual work, Galton found that the power of mental imagery varied from that of those who could "see" the image "brilliant, distinct, and never blotchy," to that of those who had merely a general, vague, uncertain "idea," and some could recollect the objects yet never "see" them at all "in their mind's eye." The intermediate answers were nearer to the replies of those possessing the highest powers, than to those whose powers were zero. One out of every sixteen spoke of their mental imagery as being clear and

* The Editor is indebted to Mr. Galton for permission to use the diagrams in this article, and to Messrs. Macmillan, the publishers of *Nature*, for the blocks from which they are printed.

mind of the numerical series is quite distinct to me, so much so that I cannot think of any number but I at once see it (as it were) in its peculiar place in the diagram. My remembrance of dates is also nearly entirely dependent on a clear mental vision of their *loci* in the diagram. This, as nearly as I can draw it, is reproduced in Fig. 2.

"It is only approximately correct (if the term 'correct' be at all applicable). The numbers seem to approach more closely as I ascend from 10 to 20, 30, 40, &c. The lines embracing a hundred numbers also seem to approach as I go on to 400, 500, to 1000. Beyond 1000 I have only the sense of an infinite line in the direction of the arrow, losing itself in darkness towards the millions. Any special number of thousands returns in my mind to its position in the parallel lines from 1 to 1000. The diagram was present in my mind from early childhood; I remember that I learnt the multiplication table by reference to it, at the age of seven or eight. I need hardly say that the impression is not that of perfectly straight lines; I have therefore used no ruler in drawing it."

(3) The next example (Fig. 3) is thus described by the contributor:—

"From the very first I have seen numerals up to nearly 200 range themselves always in a particular manner, and in thinking of a number it always takes its place in the figure. The more attention I give to the properties of numbers and their interpretations, the less I am troubled with this clumsy framework for them, but it is indelible in my mind's eye even when for a long time less consciously so. The higher numbers are to me quite abstract and unconnected with a shape. This rough and untidy production is the best I can do towards representing what I see. There was a little difficulty in the performance, because it is only by catching oneself at unawares, so to speak, that one is quite sure that what one sees is not affected by temporary imagination. But it does not seem much like, chiefly because the mental picture never seems on the flat, but in a thick, dark grey atmosphere deepening in certain parts, especially

where 1 emerges, and about 20. How I get from 100 to 120 I hardly know, though if I could require these figures a few times without thinking of them on purpose, I

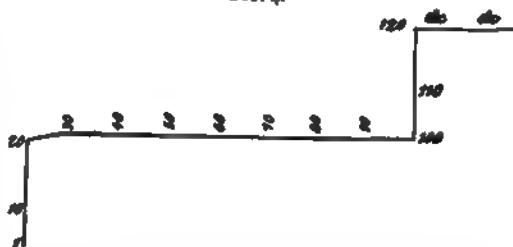
FIG. 3.

should soon notice. About 200 I lose all framework. I do not see the actual figures very distinctly, but what there is of them is distinguished from the dark by a thin whitish tracing. It is the place they take and the shape they make collectively which is invariable. Nothing more definitely takes its place than a person's age. The person is usually there so long as his age is in mind."

(4) A lady thus writes:—

"Figures present themselves to me in lines (as in the annexed diagram). They

FIG. 4.



are about a quarter of an inch in length, and of ordinary type. They are black on a white ground. 200 generally takes the place of 100 and obliterates it. There is no light or shade, and the picture is invariable."

Neuri as sorcerers who had the power of assuming once a year the shape of wolves. Pliny relates that one of the family of Antæus was chosen annually by lot to be transformed into a wolf, in which shape he continued for nine years. St. Patrick, we are told, converted Vereticus, King of Wales, into a wolf. Giraldus Cambrensis tells us (*Opera*, vol. v. p. 119) that Irishmen can be changed into wolves. Nennius asserts that the "descendants of wolves are still in Ossory," and re-transform themselves into wolves when they bite ("Wonders of Erin," xiv. ; Brewer, "Phrase and Fable").

WET-BRAIN.—Excessive serosity of brain and membranes, seen in general paralysis, &c.

WET-PACK. (See BATHS.)

WHISPERING. (See APHONIA, HYSTERICAL.)

WHYTT'S DISEASE.—A name given, in compliment to Dr. R. Whytt, of Edinburgh, to hydrocephalus.

WILL. (See PHILOSOPHY OF MIND, p. 40.)

WILL, Disorders of.—The study of the disorders of the will is very obscure, and can only be brought forward as an attempt. If we were only to state facts, the task would be easy, but if we try to penetrate into their reasons and causes, we soon enter the region of hypothesis. We shall not go into the inextricable problem of free-will, which dominates the whole subject, because we think that we may safely leave it alone as being purely speculative. Indeed, whether we are thorough fatalists, or enthusiastic believers in free-will, we cannot deny that there is a moment when these two hostile theses find a ground of reconciliation—the moment, when a voluntary act commences, in other words, when a certain psychological mechanism comes into play. Whatever the antecedents of a voluntary act are, whether it results from the freewill, as some maintain, or whether it is the result of a rigid connection of cause and effect, as others suppose, we must admit, that the voluntary act exists as a fact, and that from a practical standpoint at least, its antecedents and causes are but of secondary importance. We will commence our subject at the exact moment when the voluntary act begins. Thus defined, the mechanism of a voluntary act requires three essential factors:—

(1) A previous decision, a choice (free or not);

(2) The activity of certain images or motor intuitions;

(3) The usual movements effected by the different parts of our body.

We generally consider the beginning and the end only, and neglect the intermediate phase, that of the motor image. This is a great mistake, because, if we do not take it into account, we cannot understand the disorders of the will. We are too much inclined to believe that it is sufficient to will in order to be able to carry out our ideas. It is, however, sufficient to reflect upon the matter in order to see that every one of our voluntary actions, even the simplest, must be *learned*. To take a glass of water and to swallow it, is an operation very difficult and often impossible for a little child. For a voluntary action to be safely executed it is necessary that the movements required for it be inscribed in our brain in consequence of trials and former experiences. These motor residua (potential movements) constitute what has aptly been called a *motorium commune*, without which our volitions and desires would never be realised.

The will, regarded as the power to govern ourselves and to co-ordinate our actions with one purpose in view, is far from possessing all the power which many authors attribute to it. A rapid glance at its lesions will furnish the proof of this. We shall divide the disorders of the will into two groups: (1) Those cases which result in a want of impulse, and (2) those which result in a want of inhibition.

(1) **Aboulia** may be regarded as the type of the disorders of the will, caused by want of impulse. The patients have the latent will, but they are unable to bring it into action. One of the earliest observations of this kind is due to Esquirol; it is that of a distinguished and eloquent magistrate who was perfectly well aware of his sad position. "If they spoke to him about travelling or about looking after his business, he would answer: 'I know that I ought to do it, but also that I cannot do it; your advice is very good, and I wish I could follow it, but give me will, give me that will which decides and executes. It is quite certain that I have a will only in order not to will.'" All observations of aboulia are but varieties of one and the same type. The condition of depression may advance into complete torpor. During the last influenza epidemic, which raged in France, a great number of cases of aboulia occurred. A distinguished literary gentleman, well known by his activity, confessed to us that he had been for several days in a condition of complete aboulia. The most simple volitional actions (taking a journal from a table, or writing his signature) could not be realised and seemed to him an enormous effort.

appears. Dissolution of the will is absence of co-ordination, which terminates in an independent, irregular and anarchical action. Moreover, we may ask, whether in certain human beings (not to speak of idiots and individuals labouring under dementia) the will has ever constituted itself, so that we might speak in such cases not of disease of the will, but of congenital atrophy. A great number of hysterical patients seem to belong to this class; their prodigious instability, their caprices, which incessantly appear, keep them in a permanent condition of disequilibrium and of moral ataxy. There is a constitutional impotency of the will; it is unable to develop because the conditions necessary to its existence are wanting.

Annihilation of the will shows itself also in most hypnotised individuals, and this is due to the exclusive predominance of the idea or action suggested by the operator, who, occupying the place of the conscience, does not allow of any consideration or of any choice. Several authenticated cases, however, of obstinate resistance, have been reported; some subjects do not accept suggestions on certain points, and preserve during the hypnosis that power of personal reaction which is the foundation-stone of the will.

TH. RIBOT.

WILLENLOSIGKEIT. (See ABOLOMANIA, or ABULIA.)

WILLS. (See TESTAMENTARY CAPACITY.)

WINE-MADNESS. (See OINOMANIA.)

WIT.—The wit in mania is sometimes better than in the same person when healthy, due probably to the rapid association of ideas common in mania (Savage).

WITCHCRAFT.—Speaking with historical exactitude, the subject of witchcraft is a psycho-pathological phenomenon which includes numerous forms of the mental alienation of the early and middle ages. Demonomania, theomania, lycanthropy, choreomania, vampirism, and hysterical anomalies, are all examples of the various developments of witchcraft. In this article, however, we shall more particularly study demonolatria, or the morbid subjection and subordination of the subject to the devil, and devil-worship. The transition from demonolatria to lycanthropy, choreomania, or hysterical insanity, is easy of comprehension, but we will discuss these separate manifestations apart.

Those mentioned in the New Testament as being possessed of the devil, or afflicted with a malignant spirit, do not come under the same category as the voluntary and

wicked devil-worshippers. Until the twelfth and thirteenth centuries the possessed were pitied, and were even considered as inspired, so long as they did not devote body and soul to the demon's service, or use him as their instrument. Later on, demon-worshippers and those afflicted with evil spirits were looked upon as one class; the bewitched and witches were also similarly regarded, while even the later representatives of the prophets and magicians, who, under the supposed influence of good spirits, had been favourably regarded in former times, came to be accused of the practice of witchery and were called heretics, so that they fell under the ban and persecution of the Church.

Demonolatria or witchcraft considered psychologically, especially under lycanthropic colouring, tends oftenest to forms of melancholia, of melancholia with delusions, and a confused personal identity, or even its abolition. That witchcraft may generally be considered as a form of melancholia, a morbid mental affection due to the influence of those times, with loss of personality, delusions of guilty conscience, morbid self-accusations, and a desire for expiation, is proved in fact by the confessions of the supposed witches and sorcerers at their trials. We find that those who in the estimation of others were really witches, or believed themselves such, not only confessed all their evil deeds, but complicated their trials with confessions that even to their judges seemed exaggerated and impossible, accusing themselves of horrible and unnatural crimes, such as the wholesale murder of hundreds of children, and other deeds that could not be proved. We must therefore regard demonolatria in the light of an insane delusion of guilt, an active melancholia with a morbid craving after self-accusation, self-humiliation, and an uncontrollable impulse to pretend to have committed the most absurd and nefarious crimes. We do not wish to convey the impression that all were instances of melancholia, but certainly a goodly proportion evinced melancholic tendencies, while others were maniacal, paranoic, epileptic, or hysterical subjects. Demonolatric witchcraft has always been a more or less complex form of psychosis, even as melancholia itself frequently is; it reflects all the tendencies of those times modified by the influence of Christianity. It might almost be said that the mythology of the early people with its gods of good and evil, but still always gods, precociously foreshadowed the absolute monotheism which admits of only one God, that

error which already had largely taken root in religious fanaticism. In the first centuries of the Christian era, witchcraft was tolerated among the French, Germans, Goths, Lombards, and Saxons, and it was only in the fifth century that the French began by the Salic laws to punish witches, but their punishments were only slight, except when serious crimes were committed, a fine being imposed on those who attended the witches' revels. As yet the devil did not appear in witchcraft, and it is only in the eighth and ninth centuries that he was supposed to be present at their festivities, and the Church then began to take serious notice of these practices. In the ninth century we find mention made of a trial for witchcraft in Spain, but the condemnation of witches to the stake in any considerable numbers only began in the thirteenth century; the number of victims increased in the fourteenth, and reached its greatest height in the sixteenth century, from which time such punishment gradually died out, but in the eighteenth century was still in vogue. The institution of the Inquisition in 1183 by Pope Innocent III. marked the commencement of a perfect epidemic of trials and torturings of those who were accused of witchcraft; the arbitrary proceedings of the inquisitors who, to satisfy their private revenge, gratify their cupidity, or place out of power those whom they feared, condemned both the innocent and guilty to the flames, further raised popular indignation against the practices in which these unfortunate beings were supposed to indulge. Many of the trials reveal the fact that perfectly sane persons were made to suffer in common with those poor hallucinated melancholiacs who were but too ready to confess to diabolical practices. The so-called witches of those times may conveniently be classified into two groups, (1) those with visions or hallucinations of the senses who were affected with mental depression, and (2) those who actually infested the country killing men and boys, and hiding in the woods with lycanthropic impulses. We can hardly consider these as similar to the howlers and jumpers of later years, in that their affection was not a truly epidemic one; they are rather examples of cynanthropia with demoniacal colouring. Such cases under the interpretation of those times may be considered as appertaining to witchcraft. About 1436 in Switzerland there arose a class of men living in Vaud who worshipped the devil and ate human flesh; they infested the country about Berne and Lausanne; unbaptised infants were specially prized

by them for their hideous practices, and the real acts committed by them under the influence of a morbid impulse were mixed up with hallucinations to which they freely confessed at their trials. One witch declared that at their meetings they made ointments and unguents of infants' flesh with which the novices were anointed when they were initiated into their horrible mysteries. In England, in Leicester, in 1340, a like epidemic of demoniacal and impulsive character occurred, while Knyghton speaks of another epidemic of impulsive and demoniacal cynanthropia, which broke out in this country in 1355. Witch trials and witch executions became so common after the famous Bull of Pope Innocent VIII. ("Summis desiderantes affectibus"), of December 5, 1484, issued at the request of two fanatics named Heinrich Institor and Jacob Sprenger, who had published a treatise, (The "Malleus Maleficarum") systematising the whole doctrine of witchcraft, and laying down a regular form of trial, that it has been estimated* that as many as nine thousand (?) persons suffered death subsequently to that edict. Through the spread of civilisation and the reformed religion, and not the barbarous cruelties of the Church, witchcraft gradually died out among the European nations towards the end of the seventeenth century, after having existed for over three hundred years.

A. TAMBURINI.

S. TONNINI.

WOD (Saxon). Insane.

WODNES (Saxon). Insanity, madness.

WOLF-MADNESS.—An occasional delusion in the insane is, that a patient considers himself changed into an animal. When this occurs with regard to a wolf, it has been called wolf-madness. (See LYCANTHROPY.)

WOODNESS (Saxon, *wood*). Madness. (Used by Spenser.)

WORD-ELINDNESS.—The state of mind of a patient to whom the sight of a word, previously understood, conveys no idea of its meaning. He may at the same time perfectly understand the spoken word. There is almost always some organic cerebral lesion. (See MIND-BLINDNESS.)

WORD-CLIPPING.—A symptom in general paralysis of the insane (*q.v.*).

WORD-DEAFNESS.—The state of mind of a patient to whom the sound of a word, previously understood, conveys no idea of its meaning. The sight of it may still convey the idea, and the rest of the patient's mental power may be

* Sprenger, "Life of Mohammed."

to refer to the legislation affecting paupers (including the insane, and their reception and treatment in workhouses.

By the 2 & 3 of George IV. c. 40, justices might require overseers to furnish lists of insane ~~poor~~ when mentioned, and their condition certified by a medical practitioner.

By the 4 & 5 William IV. c. 76, sec. 45, 1834, no dangerous lunatic shall be kept in any workhouse for a longer period than fourteen days. This provision was no doubt violated for many years, no definition of the word dangerous being given.

By the 8 & 9 Vict. c. 100, sec. 3, Commissioners are directed to visit and examine the insane inmates of workhouses at least once in each year. By the 16 & 17 Vict. these powers are much enlarged.

By the 16 & 17 Vict., pauper lunatics, not in any asylum, but residing at their own homes, are to be visited and their condition reported on once in each quarter by the district poor-law medical officer. For this a fee is paid. The medical officer of the workhouse is to make a like return as regards the insane inmates of the workhouse, but without fee. By the 25 & 26 Vict. c. 3, sec. 20, the form of the list as regards the workhouse is altered, and the medical officer is required in each case to say whether it is a fit one to remain in the workhouse or not, how the patient is employed—if restrained or not—and whether the accommodation therein is or is not sufficient.

By the 25 & 26 Vict. c. 3, sec. 20, no person being a lunatic, or alleged lunatic, shall be detained in any workhouse for more than fourteen days, unless the medical officer of the workhouse shall certify in writing that he or she is a proper person to be detained, and that the accommodation is sufficient.

By the 16 & 17 Vict. sec. 67, the relieving officer is bound after receiving notice that a pauper residing within his district is insane, within three days to have him taken before a justice with a view to his removal to an asylum. This is modified by the 48 & 49 Vict., which authorises the relieving-officer to remove such person to the workhouse in the first instance, where he may be further detained provided the medical officer of the workhouse shall certify in writing that he or she is a fit person to be so detained. This might be done without the intervention of a magistrate.

By the Lunacy Act of 1890, these provisions are modified. The relieving-officer or constable may still remove an insane person to the workhouse, where he may be detained for three days, at the ex-

piration of which time he must be taken before a magistrate, who may, if he thinks fit, remit the case to the workhouse. For the permanent detention of an insane pauper in any workhouse, the magistrate must have the certificate of the medical officer of the workhouse (for which no fee is paid), and an independent medical certificate saying the case is a suitable one to be so detained. This is to be confirmed at the end of fourteen days by the certificate of the medical officer of the workhouse. This magisterial order is only in force for fourteen days, unless the medical officer shall certify that it is a proper case to be detained, in which case the magistrate's order becomes of continuing force.

Such are the provisions now in force as regards the detention of insane persons in workhouses. It will be seen from this brief retrospect, that, stage by stage, the legislature has shown an increasing desire to protect the liberty and promote the protection of the insane pauper. This contrasts favourably with the neglect of the early part of the century.

Future legislation, will, in all probability tend more and more to assimilate workhouses in all that relates to the insane poor with asylums, to the great advantage of the insane pauper and the ratepayer. The Commissioners will probably reserve for themselves some power to define the sort of cases which each workhouse is fit to retain; it is obvious that one workhouse may differ widely from another in this respect. The Commissioners in Lunacy have absolute power to discharge any insane inmate of a workhouse, or to direct his removal to an asylum.

A brief consideration of the mental condition of a large proportion of the cases which come under the observation of the medical officers of every large workhouse will be useful and will enable us to deduce some reasons why a much greater use might be made of our workhouses than has hitherto been done in the care and at least preliminary custody of large groups of the insane.

(1) Large numbers of men and women in every stage of dementia—arising from the numerous forms of gross brain disease. Paralysis, softening of the brain so-called—the dementia stages of epilepsy—the dementia due to alcoholic and syphilitic poisoning, and lastly every form of senile decay.

(2) Imbecility in every stage, from simple weak-mindedness to idiocy. Many of these cases are aggravated in their aspect on admission by drink, want of food, fatigue, and general privation. Large

X

XANTHOPSIA (ξάνθος, greenish yellow; ὄψις, vision). Yellow vision, a subjective visual disturbance due to the ingestion of certain drugs—e.g., santonin. The disturbance is evidently central, as no staining of the ocular media has been observed, and the retina betrays only a slight hyperæmia. There is first an exaggerated appreciation of the violet spectral rays, but ultimately the reflection of light from white objects is tinged yellow; with this there is a diminished, or even abolished, appreciation of the violet rays of the spectrum. Lassitude and mental depression are accompaniments of this

condition, and if the drug has been taken in large quantities, tetanic spasms and coma may result. This visual phenomenon is said to occur in patients suffering from jaundice, but if so it is rare, at least in a highly marked form.

XENELASIA (ξενελασία, from ξένος, a stranger; ἐλαίω, I expel or banish). There was a law among the ancient Spartans thus named, by which strangers of doubtful reputation or morality, were excluded from their society for fear of corrupting the youth and contaminating them with foreign vices. It was essentially a law for the prevention of criminal contagion.

Y

YOUNG-HELMHOLTZ THEORY.—A theory brought forward by Young and elaborated by Helmholtz to account for the quality of visual colour sensations. According to it there are three fundamental colour tones, by admixture of which all colours are formed. These colour tones are green, red, and violet. It is then assumed that in every part of the retina

susceptible to colour three kinds of nervous elements exist, each corresponding to one of the above three sensations of colour. Every colour sensation is therefore a complex affair whose character is determined by the relative intensities of excitation of the three. (Ladd.)

YOUTH, INSANITY IN. (See DEVELOPMENTAL INSANITIES.)

Z

ZELOTYPYIA (ζήλος, emulation; τύπος, impress or type). A morbidly passionate zeal in mental or bodily exertion. (Fr. *zélotypie*.)

ZITTERWAHNSINN (Ger.). Delirium tremens.

ZOANTHROPIA (ζῷον, an animal; ἄνθρωπος, a man). A melancholy madness with fixed ideas. It is a general name for those forms of insanity where a man imagines himself an animal. (See CYNANTHROPIA; LYCANTHROPIA, &c.) (Fr. *zoanthropie*.)

ZOANTHROPIC MELANCHOLIA. (See MELANCHOLIA ZOANTHROPICA; CYNANTHROPIA; LYCANTHROPIA.)

ZOARA, ZOARE.—Insomnia.

ZOÖMAGNETISM (ζῷον, an animal; magnetism). Animal magnetism.

ZOÖPSYCHOLOGIA (ζῷον, an animal; ψυχή, the mind or soul; λόγος, a discourse). The doctrine of the existence of the mind in animals. (Fr. *zöopsychologie*; Ger. *Thierseelenkunde*.)

ZORNWUTH (Ger.). Maniacal fury, frenzy.

ZWANGSBEWEGUNGEN (Ger.). Compelled movements.

ZWANGSJACKE, ZWANGSWAMMS.—Strait-jacket.

ZWANGSVORSTELLUNGEN (Ger.). Imperative ideas.

the nerve-fibres are arranged in bundles radiating outwards. Between the bundles

the third cortical layer of the ascending frontal convolution. We are indebted to

FIG. 2.

Third cortical layer of ascending frontal convolution. $\times 200$.
H. C. M. ad nat. del.

in the outer part of the lamina the nerve-fibres form an open meshwork. In the inner portion they are closely compacted so as to form a stripe visible to the naked eye (Baillarger's inner stripe). The ganglion-celled layer is, in the motor region, not sharply separated from the large pyramid layer; but in the sensory region the granule layer lies between them. In the occipital lobe the ganglion-cell layer is very small, and is almost entirely replaced by the granule layer. In the frontal lobe the granule layer is present, but not so well developed as it is behind the motor region.

The fusiform layer presents much the same appearance in both motor and sensory regions. Its cells are separated by bundles of fibres passing into the white matter of the centrum ovale.

The structure of the cornu Ammonis differs materially from either of the above types, but it is not possible to describe it in the space allotted to anatomy.

Fig. 2 shows very clearly the cells of

the late medical superintendent of the Wakefield Asylum, Dr. Herbert Major, for the drawing.

ALEX. BAUCE.

CONTRACTS OF LUNATICS.—The judgment of Lord Esher, M.R., in *The Imperial Loan Company v. Stone* (1892, 8 Times L. R. 408), adds an important rider to, if indeed it does not materially modify, the doctrine laid down in *Moulton v. Camroux* (18 L. J. Ex. 68). The facts were as follow: The plaintiffs sued to recover the balance due upon a promissory note signed by the defendant as surety. The defendant pleaded that when he signed the note he was—as the plaintiffs well knew—of unsound mind, and incapable of understanding what he was doing. The action was tried before Mr. Justice Denman and a jury. The jury found that the defendant was not of sane mind, but could not agree as to whether or not the plaintiffs were aware of the fact. Thereupon Mr. Justice Denman entered judgment for the defendant, being of opinion that the onus lay upon the plaintiffs to

securities belonging to him in the hands of his bankers or of any other person, the masters shall be at liberty by certificate to authorise such banker or other person to pay to the person to be named in such certificate such sum as they certify to be proper, and may by such certificate give any directions as to the proper application thereof by that person, who shall be accountable for the same as the masters direct.

Provisions
as to
lunatics so
found by
inquisition
to apply.

55. In all cases not otherwise herein specially provided for, the provisions of these rules relating to lunatics so found by inquisition and the other general provisions of these rules shall apply to applications relating to the property of persons of unsound mind not so found by inquisition, except that the certificate referred to in Rule 32 shall not be made, and that the masters may make orders appointing persons to exercise, in relation to the property of persons of unsound mind not so found by inquisition, the powers of a committee of the estate.

*Applications as to Persons mentioned in s. 116 (1) (d) of the
Lunacy Act, 1890, not being lunatic.*

Applica-
tions as to
persons
incapable
through
disease or
age of man-
aging their
affairs.
Forms 10,
11.

56. The provisions of these rules as to persons of unsound mind not so found by inquisition shall apply to applications respecting the property of any person who though not a lunatic is through mental infirmity arising from disease or age incapable of managing his affairs.

Masters to
keep a
register of
Committees
and Re-
ceivers.

74. The masters shall keep a book or books, in which shall be made, in respect of every committee, receiver, or other person liable to account, entries showing in a tabular form the following particulars, that is to say:—

- (1) The title of the matter.
- (2) The names of the committees, receivers, or other persons liable to account.
- (3) The date fixed for the delivery of accounts or of affidavits in lieu of accounts.
- (4) The date in each successive year when the accounts or affidavits are delivered into the master's office.
- (5) The date in each successive year when the accounts are passed.
- (6) The balance or sum, if any, in each successive year directed to be paid into Court by the committee, receiver, or other person liable to account.
- (7) The date fixed for the last-mentioned payment.
- (8) The date of the actual payment into Court.
- (9) The dates of all orders made in the particular matter, and also such other particulars as the Lord Chancellor may from time to time by writing direct.

Master to
inform Com-
mittees of
person of
allowance
for main-
tenance.

106. The masters shall inform the committees of the person upon their appointment of the annual amount allowed for the maintenance of the lunatic, or shall supply them with a copy of the scheme for maintenance, where a scheme has been provided.

Committee
of person to
report to
Visitors as
to expendi-
ture.

107. Each committee of the person of a lunatic shall annually or from time to time and as often as may be required of him render to the board of visitors an accurate statement in writing of the various sums expended by him, the better to enable the visitors to ascertain and report whether the lunatic is being suitably maintained and whether any additional comforts can be provided for him. The visitors may dispense wholly or partially with the requirements of this rule if in any case they think it desirable so to do.

Committee
of person to
report to
Visitors as
to health of
lunatic.

108. Each committee of the person of a lunatic shall half-yearly make a report to the board of visitors as to the mental and bodily health of the lunatic. If there is a medical attendant of the lunatic such medical attendant shall either countersign the report of the committee, or shall make a separate report which shall accompany that of the committee to be forwarded direct to the board of visitors.

Power to
Visitors to
summon
Committee
of person.

109. The board may summon the committee of the person of the lunatic to attend before them and to give such information in his possession relating to the lunatic as they may require.

129. The following fees shall be payable in respect of proceedings under Fees. the Lunacy Acts, 1890 and 1891:—

In addition to the old fees on certificates and attendances, and the fee of £2 on every order, the following fees, where the clear annual income of the person to whose property the order relates amounts to £100 and upwards:

	£	s.	d.
(a) On an order authorising a particular lease an amount equal to one-fourth the stamp duty payable on the lease;			
(b) On an order authorising a sum of money to be raised by mortgage or charge for every £100 or fraction of £100 of the amount to be raised	0	2	0
(c) On an order approving or authorising a contract for sale of any property for every £100 or fraction of £100 of the amount of the purchase money	0	2	0
(d) On an order authorising a sale by auction where the reserve price is fixed or approved by the masters for every £100 or fraction of £100 of the amount of the reserve price	0	2	0
(e) On an order conferring a general authority to sell or grant leases	10	0	0

Provided that the fees payable under the heads *a*, *b*, *c*, and *d*, shall not exceed £10.

Provided also that the fees payable under the heads *a*, *b*, *c*, *d*, and *e* shall not be payable upon any order made while percentage is payable upon the income of the person to whose property the order relates.

THE SCHEDULE

Referred to in the Foregoing Rules.

FORM 1.

Title of Proceedings.

(a) Application as to alleged lunatic:—In lunacy: In the matter of *A.B.*, a person alleged to be of unsound mind.

(b) Application as to lunatic so found by inquisition:—In lunacy: In the matter of *A.B.*, a person of unsound mind.

(c) Application as to lunatic not so found by inquisition:—In lunacy: In the matter of *A.B.*, a person of unsound mind not so found by inquisition.

(d) Application in lunacy and in the Chancery Division:—In lunacy and in the High Court of Justice, Chancery Division: In the matter of *A.B.*, a person of unsound mind (*or as the case may be*).

(e) Application as to person through mental infirmity arising through disease or age incapable of managing his affairs: In the matter of *A.B.*, and in the matter of the Acts 53 Vict. c. 5, and 54 & 55 Vict. c. 65.

(f) Application for vesting order:—In lunacy: In the matter of the trusts of an indenture dated the and made between and In the matter of *A.B.*, a person of unsound mind (*or as the case may be*), and in the matter of the Lunacy Acts, 1890 and 1891.

FORM 2.

NOTICE OF APPEAL FROM AN ORDER OF A MASTER.

[*Insert the Title of the Proceedings.*]

Take notice that of desires to appeal to the judge from the order of the master made in this matter, dated the [if part only is appealed from add: so far as it directs that].

And that he intends to ask that the said order may be discharged [or varied] and that it may be ordered that

Dated the day of

(Signed)

To , Solicitors for
and to Messrs.
his solicitors.

FORM 3.

NOTICE OF APPEAL FROM A CERTIFICATE OF A MASTER.

[Insert the Title of the Proceedings.]

Take notice that of intends to appeal from the certificate of the master made in this matter, dated the

And that he intends to ask that the said certificate may be varied as follows: [*state the variation*].

And that such consequential directions may be given or corrections and alterations made in the said certificate as may be necessary.

Dated the day of

(Signed)

To , Solicitors for
and to Messrs.
his Solicitors.

FORM 10.

NOTICE TO PERSON THROUGH MENTAL INFIRMITY ARISING FROM DISEASE OR AGE INCAPABLE OF MANAGING HIS AFFAIRS.

Mr. A.B.,

Take notice that a summons, of which a copy is within written, was on the day of issued by me (or by C.D. of), and that in pursuance thereof, orders may be made on the ground that you are, through mental infirmity arising from disease [or age], incapable of managing your affairs, for the purpose (*state the purpose*)—e.g., of rendering your property, or the income thereof, available for the maintenance or benefit of yourself [or of yourself and your family, or for carrying on your trade or business], and that if you intend to object to such orders being made notice of such objection must be signed by you and attested by a solicitor, and filed at Room No. at the Royal Courts of Justice, London, within seven clear days after your receipt of this notice.

Dated the

day of

(Signed)

C.D.,

(or) X.Y.,
Solicitor.

FORM 11.

NOTICE OF OBJECTION BY PERSON THROUGH MENTAL INFIRMITY ARISING FROM DISEASE OR AGE INCAPABLE OF MANAGING HIS AFFAIRS.

I, A.B., of , having been served with a notice of a summons for an order respecting my property under the Acts 53 Vict. c. 5. and 54 & 55 Vict. c. 65, hereby give notice of my intention to object to such order being made.

Dated the

day of

A.B.

Witness,

M.N.,

Solicitor.

A. WOOD RENTON.

SYNONYMS.—Although in the body of the work under the various forms of mental disease we have given the corresponding terms in use in the German and French languages, it will assist the reader to have the most important placed before him in a tabular form.

ENGLISH.	LATIN.	FRENCH.	GERMAN.
Idiocy. Imbecility. Cretinism. Mania. Acute delirious mania. Melancholia. Mental stupor. (a) Anergic. (b) Delusional. Delusional insanity. Intel- lectual monomania. Impulsive ideas. Obsession. Dementia. General paralysis of the insane. Moral insanity.	Amentia. Mentis imbecillitas innata. Cretinismus. Mania. Delirium acutum. Melancholia. Stupor. Melancholia cum stupore. Me- lancholia attonita. —— Obsessio. Dementia acquisita. Insanorum paralysis generalis. Mania sine delirio.	Idiotisme. Imbecillité. Crétinisme. Manie. Manie suraigue. Délire aigue. Mélancolie. Lypémanie. Stupéur ou stupidité. Stupéur simple, sans délire ou passive. Mélancolie avec stupéur. Conception délirante. Idée fixe. Folie systématique progressive. Psychose systématisée progressive. Délire chronique. Paranoïa. Impulsions obédantes. Obsessions intellectuelles. Démence. Paralyse des aliénés. Paralyse générale. Folie raisonnée. Folie lucide raisonnée. Mono- manie affective. Manie des actes.	Idiotie. Blödsinnigkeit (angeborene). Imbecillität. Schwachsinn (angeborener). Kretinismus. Manie. Tobsucht. Acutes delirium. Delirium acutum. Melancholie. Schwernuth. Stupor. Apathischer Stupor. Anergischer Stupor. Attonität. Status attonitus. Kata-tonia. Wahnvorstellung. Wahnsinn. Fixe Idee. Verrücktheit. Paranoïa. Zwangsvorstellungen. Blödsinn (erworbener). Allgemeine progressive Paralyse. Paralyse der Irren. Das moralische Irresein.
Hypochondriasis. Hysterical insanity. Epileptic insanity. Puerperal insanity. Insanity of puberty. Climacteric insanity. Senile insanity. Toxic insanity. Delirium tremens. Religious insanity. Erotic insanity. Persecution mania. Traumatic insanity. Communicated insanity. Double insanity. Syphilitic insanity. Circular insanity. Confusional insanity.	Hypochondriasis. Insania hysterica. Epilepticorum insania. Puerperarum insania. Pubescentium insania. Insania climacterica. Insania senilis. Insania toxica. Delirium tremens. Mania religiosa. Erotomania. —— Insania traumatica. —— —— —— ——	Hypochondrie. Folie hystérique. Délire épileptique. Folie puerpérale. Hypochondrie des jeunes. Aliénation climactérique. Démence sénile. Délire toxique. Delirium tremens. Folie religieuse. Délire mystique. Délire érotique. Délire de persécution. Maladie de Laségue. Délire traumatique. Folie à deux. Folie simultanée. Folie imitée. Folie syphilitique. Folie circulaire. Folie à double forme. ——	Hypochondrie. Hysterisches Irresein. Epileptisches Irresein. Puerperales Irresein. Pubertätsirresein. Klimakterisches Irresein. Seniles Irresein. Irresein in Folge von Intoxication. Delirium tremens. Säuferwahnsinn. Religiöser Wahnsinn. Mania religiosa. Liebeswahnsinn. Erotomanie. Verfolgungswahn. Traumatisches Irresein. Inducirtes Irresein. Luotisches Irresein. Circuläres Irresein. Cyklisches Irresein. Verwirrtheit.

BIBLIOGRAPHY.

IN compiling the following Bibliography, illustrative of the history of the literature of insanity, the writer has been fully aware of the difficulties of the task. In the first place, it could not have been accomplished at all, without the generous co-operation of those who were interested in the subject and who rendered valuable assistance. In the second place, it was necessary to keep it within the limits imposed by the general scheme of the Dictionary. The Bibliography, therefore, is confined to works written in the English language, and does not include what has appeared in journals devoted to this special subject. But, although this broad rule was laid down as fundamental, it will be found that certain important reprints and articles are named; and a Catalogue of the psychiatric periodicals of the world is appended.

The reader will find references attached to the articles in the body of the Dictionary, which will in some measure remedy the inevitable omissions for which the writer craves indulgence.

To those in search of further information it may be stated that references and authorities will be found in these valuable works:—

Bibliotheca Britannica, a general index to British and Foreign Literature, by Dr. R. Watt, 4 vols. 4to, Edin. 1824. The first and second volumes give authors; the second and third give subjects.

Also the *Index Catalogue* of the library of the Surgeon General's Office of the United States Army. Published under the superintendence of Dr. J. S. Billings, during the last decade. Vol. vi. contains "Insanity," with very full references to periodical literature.

Besides the British Museum, there are various medical *Libraries* of the first importance. The library of the Faculty of Physicians and Surgeons in Glasgow is specially rich in old works, and a very complete Catalogue is published by Alexander Duncan, B.A., London, librarian of the Faculty; 4to, Glasgow, 1885. It is preceded by an index of subjects.

The Library of the Royal College of Surgeons, England; and the Library of the Royal College of Physicians, Edinburgh, are now in the process of being catalogued under authors and subjects. Both libraries are worthy of the distinguished corporations to which they belong.

The *Medical Digest* by Dr. Neale is indispensable in searching for information regarding what has been written during the last fifty years.

The *Journal of Mental Science*, which has been published regularly since 1853, contains many valuable papers, reviews and very complete references (*Index Medico-Psychologicus*, &c.) to the current literature of insanity. As a detailed index to the contents is now being prepared by Dr. Rayner, in addition to that by Dr. Blandford (published in 1879), the stores of information contained in the Journal will be much more accessible.

The periodical published for the Neurological Society of London, *Brain*; and also *Mind*, which is described as a Quarterly Review of Psychology and Philosophy, are the other English magazines in this sphere.

The quarterly *Bulletin* of the Société de la Médecine Mentale of Belgium is valuable in indicating the current course of continental work; while for standard information regarding foreign bibliography, these works may be named:—"Versuch einer Literaturgeschichte der Pathologie und Therapie der psychischen Krankheiten," by Dr. J. B. Friedrich, 1830; "Leçons Orales sur les Phrénopathies," by Dr. J. Guislain (2nd ed. by Dr. Ingels), 1880; "Dictionnaire encyclopédique des Sciences Médicales," publié par Dechambre, 1864-78.

There is no mention of *Asylum Reports* in this Bibliography. They are published annually by nearly all the institutions of this country. Sometimes, but of late more rarely, they have included scientific expositions on diet, and kindred subjects. The recent tendency, however, is to reserve scientific discussions for scientific journals; and to deal with the events of the asylum year from a popular or domestic point of view. The laborious statistics appended to these reports still await resurrection and orderly arrangement.

The *Reports* of the Commissioners in Lunacy for England, Scotland, and Ireland are published annually, and are documents of the first importance. A general index to these Blue Books would be valuable, but too lengthy for insertion here.

Certain of the Reports of the Committees of Lunacy of the British Colonies and of the United States are useful discussions on the present condition of asylums and the insane.

- cause, and cure of melancholy, madness and lunacy.
- 1730.** MANDEVILLE, B.—A treatise of the hypochondriack and hysteric diseases. In three dialogues. 2nd ed.
- 1733.** CHEYNE, G.—The English malady or treatise of nervous disease of all kinds. (5th ed. 1735.)
- 1742.** CHEYNE, G.—The natural method of curing the diseases of the body, and the disorders of the mind depending on the body. Pt. 1. General reflections on the œconomy of nature in animal life. Pt. 2. The means and methods for preserving life and faculties. Pt. 3. Reflections on nature and cure of chronical distempers.
- 1746.** FRINGS, P.—A treatise on Phrensy. (Trans. fr. Latin.)
- MANNINGHAM, SIR R.—The symptoms, nature, causes and cure of the febricula or nervous or hysteric fever, vapours, hypo, or spleen.
- 1748.** MEAD, R.—A treatise concerning the influence of the sun and moon upon human bodies, and the diseases thereby produced. (Trans. from Latin by T. Stack.)
- 1755.** BILLINGS, P.—Folly predominant, with a dissertation on the impossibility of curing lunatics in Bedlam.
- MEAD, T.—Medica Sacra; or a commentary on the most remarkable diseases mentioned in the Holy Scriptures. (Trans. by T. Stack.)
- 1758.** BATTIE, W.—A treatise on madness. 4to.
- HALLER, A. VON.—Medical Cases.
- MONRO, J.—Remarks on Dr. Battie's treatise on madness. 16mo.
- 1765.** WHYTT, R.—(1) Observations on the dropsy in the brain, experiments with opium, lime water, and the effects of blisters. (2) Observations on the nature, causes and cure of those disorders which have been commonly called nervous, hypochondriac or hysteric. To which are prefixed some remarks on the sympathy of nerves. Edin. (Also 1768.)
- 1774.** BRUCKSHAW, S.—One more proof of the iniquitous abuse of private mad-houses.
- 1776.** WILSON, A.—Nature and origin of hysteria.
- 1777.** POMME, P.—On hysterical and hypochondriacal disease. (Trans.)
- 1779.** ROBINSON, N.—On the spleen, vapours and hypochondriack melancholy.
- 1780.** FAWCETT, B.—Observations on the causes and cure of melancholy, especially of that which is commonly called religious melancholy. Shrewsbury.
- 1782.** ARNOLD, T.—Observations on the nature, kinds, causes and prevention of insanity. 2 vols. Leicester. (2nd ed. Lond. 1806.)
- 1783.** ANON.—An historical account of the origin, progress, and present state of Bethlem Hospital. 4to.
- MONRO, A. (2)—Observations on the structure and functions of the nervous system. Ill. Fol. Edin.
- 1787.** PERFECT, W.—Methods of cure in some cases of insanity, epilepsy, &c. Rochester.
- PERFECT, W.—Select cases in the different species of insanity, lunacy or madness, with the modes of practice as adopted in the treatment of each. Rochester.
- 1788.** FALCONER, W.—Influence of the passions upon disorders of the body.
- ROWLEY, W.—Treatise on female nervous, hysterical, hypochondriacal, convulsive diseases, apoplexy and palsy, with thoughts on madness, suicide, &c.
- 1789.** FAULKNER, B.—Observations on the general and improper treatment of insanity, with a plan for the more speedy and effectual recovery of insane persons. P.
- HARPER, AND.—A treatise on the real cause and cure of insanity, in which the nature and distinctions of this disease are fully explained, and the treatment established on new principles. P.
- LAVATER, J. C.—Essays on physiognomy. (Trans.) 3 vols.
- 1791.** BRANDRETH, JOS.—On the use of large doses of opium in insanity. (Med. Com.)
- PERFECT, W.—A remarkable case of madness, with the diet and medicines.
- 1792.** FERRIAR, J.—Medical histories and reflections. 3 vols. Warrington, 1792-8; also Lond., 1810-13.
- FOTHERGILL, A.—On the effects of hyoscyamus or henbane in certain cases of insanity.
- PARGETER, W.—Observations on maniacal disorders. Reading.
- 1796.** ANDERSON, A.—On chronic mania. New York.
- BELCHER, W.—Address to humanity; containing a letter to Dr. Munro, a receipt to make a lunatic, and seize his estate; and a sketch of a true smiling hyæna.
- 1798.** CRICHTON, A.—An enquiry into the nature and origin of mental derangement, comprehending a concise system of the physiology and pathology of the human mind. 2 vols.
- HASLAM, J.—Observations on insanity, with practical remarks on the disease, and an account of the morbid appearances on dissection.
- HASLAM, J.—Observations on madness and melancholy, including practical remarks on those diseases, together with cases, and an account of morbid appearances on dissection. (2nd ed. Lond. 1809.)
- 1800.** JOHNSTONE, J.—Medical jurisprudence: on madness, with strictures on hereditary insanity.
- 1801.** PERFECT, W.—Annals of insanity.
- 1802.** BEDDOES, T.—Essays on some of the disorders commonly called nervous. Part II. containing observations on insanity. Bristol.

- LUCETT, J.**—An exposition of the reasons which have prevented the process for relieving and curing idiocy and lunacy, and every species of insanity from having been further extended, with an appendix of attested cases, and extracts from the reports of the committee, consisting of their Royal Highnesses the Dukes of Kent and Sussex, and several noblemen and gentlemen.
- MARSHALL, R.**—The morbid anatomy of the brain in mania and hydrophobia, with the pathology of these two diseases, and a sketch of the author's life, by S. Sawrey.
- SPURZHEIM, S. E.**—Physiognomical system, by Drs. Gall and Spurzheim. (2nd ed.) Lond.
- TUCKER, S.**—Practical hints on the construction and economy of pauper lunatic asylums: including instructions to the architects who offered plans for the Wakefield Asylum. Ill. 4to and 8vo. York.
- 1816. ANON.**—Observations on the laws relating to private asylums, and particularly on a Bill for their alteration, which passed the House of Commons in the year 1813.
- BETHLEM.**—Observations of physician and apothecary upon evidence. Lond.
- BETHLEM.**—Observations by the governors of Bethlem Hospital on a report by the Commissioners in Lunacy. N. D.
- HALLIDAY, SIR A.**—A letter to Lord Binning, containing some remarks on the state of lunatic asylums in Scotland. P. Edin.
- REID, J.**—Essays on hypochondriacal and other nervous affections. (3rd ed. 1823.)
- REPORT** of, and evidence taken before the Select Committee of the House of Commons, to consider of provision being made for the better regulation of mad-houses in England. (8vo, 1815.) Fol.
- ROGERS, J. W.**—A statement of the cruelties, abuses and frauds which are practised in madhouses. 2nd ed.
- UPTON, J.**—A letter upon the treatment and dismissal of the late medical officer of Bridewell and Bethlem.
- 1817. BURROWS, G. M.**—Cursory remarks on a Bill, now in the House of Peers, for regulating of madhouses, with observations on the defects of the present system.
- CAPPE, CATHERINE.**—On the desirableness and the utility of ladies visiting the female wards of hospitals and lunatic asylums. P. York.
- FORSTER, TH.**—Observation on the casual and periodical influence of peculiar states of the atmosphere on human health and disease, particularly insanity. With a table of reference to authors.
- FORSTER, TH.**—Observations on the phenomena of insanity, being a supplement to the above. P.
- HASLAM, J.**—Considerations on the moral management of insane persons. P.
- HASLAM, J.**—Medical jurisprudence as it relates to insanity according to the law of England.
- MAYO, T.**—Remarks on insanity. Founded on the practice of John Mayo, M.D., and tending to illustrate the physical symptoms and treatment of that disease.
- PARKMAN, C.**—On the management of lunatics, with illustrations of insanity. Boston.
- REPORT.**—Select Committee on Lunatic Poor, Ireland.
- RETURNS** by Clergy of Scotland as to Lunatics.
- SPURZHEIM, S. E.**—Observations on the deranged manifestations of the mind, or insanity. (Also 1835.)
- 1818. DUNCAN, A.**—A Letter to His Majesty's Sheriffs-Depute in Scotland, recommending the establishment of four national asylums for the reception of criminal and pauper lunatics. P.
- HALLORAN, W. S.**—Practical observations on the causes and cure of insanity. Cork.
- HASLAM, J.**—A Letter to the Governors of Bethlem Hospital, containing an account of their management of that institution for 20 years, elucidated by original letters and documents, with a correct narrative of the confinement of James Norris, &c.
- 1819. COOPER, T.**—Tracts on Medical Jurisprudence. Including Haslam's treatise on insanity: with a preface, notes and a digest of the Laws relating to Insanity and Nuisances, &c. Phil.
- HASLAM, J.**—On sound mind; contribution to the natural history and physiology of the human intellect.
- WADD, W.**—On the malformations and diseases of the head. Ill. 4to.
- 1820. BURROWS, G. M.**—An inquiry into certain errors relative to insanity.
- 1822. PRICHARD, J. C.**—A treatise on diseases of the nervous system. Part I. [no more published]. Convulsive and maniacal affections.
- 1823. HASLAM, J.**—A letter to the Right Hon. the Lord Chancellor on the nature and interpretation of unsoundness of mind and imbecility of intellect. P.
- WILLIS, F.**—A treatise on mental derangement (Gulston Lect. for 1822).
- 1824. WILDE, R. H.**—Conjectures and researches concerning the love madness and imprisonment of Torquato Tasso, 2 vols. 12mo. New York.
- 1825. MORISON, SIR A.**—Outlines of lectures on mental diseases. Ill. (2nd ed. 1826.)
- 1826. HOOPER, R.**—The morbid anatomy of the human brain, being illustrations of the most frequent and important organic diseases to which that viscus is subject. Fol.
- MILL.**—Account of morbid appearances on dissection in various disorders of the brain.

- legal question of their confinement. (Trans.) P.
- FARREN.**—Essays on the varieties in mania exhibited by the characters of Hamlet, Ophelia, Lear and Edgar.
- FLETCHER, R.**—Sketches from the case-book, to illustrate the influence of the mind on the body, with the treatment of some of the more important nervous disturbances which arise from this influence.
- HALFORD, SIR H.**—Essays and orations. 12mo. 2nd ed. Ill.
- MADDEN, R. R.**—The infirmities of genius.
- PRICHARD, J. C.**—A treatise on insanity. From the Encyclopædia of Practical Medicine. 12mo.
- SHELFORD, L.**—Practical treatise on the law concerning lunatics.
- UWINS, D.**—A treatise on those disorders of the brain and nervous system which are usually considered and called mental.
- 1834. ANON.**—Reasons for establishing and further encouragement of St. Luke's Hospital for lunatics. 4to.
- MAYO, T.**—Clinical facts and reflections, also remarks on the impunity of murder in some cases of presumed insanity. (Also 1847.)
- MAYO, T.**—An essay on the relation of the theory of morals to insanity. P.
- 1835. GALL, F. J.**—On the origin of the moral qualities and intellectual faculties of man and the conditions of their manifestations. (Trans. by W. Lewis.) 6 vols. Boston.
- NEVILLE, W. B.**—On insanity, its nature, causes, and cure.
- PHILIP, A. P. W.**—A treatise on the more obscure affections of the brain.
- PRICHARD, J. C.**—A treatise on insanity and other disorders affecting the mind.
- 1837. BARLOW, H. C.**—A dissertation on the causes and effects of disease, considered in reference to the moral constitution of man. Edin.
- BROWNE, W. A. F.**—What asylums were, are, and ought to be. Lectures delivered before the Managers of the Montrose Royal Lunatic Asylum. Edin.
- COLQUHOUN, L.**—Report of proceedings under a brieve of idiotry. 2nd ed. Edin.
- FARR, W.**—Statistics of insanity.
- HILL, R. G.**—Total abolition of personal restraint in the treatment of the insane; a lecture on the management of lunatic asylums.
- 1838. CROWTHER, C.**—Observations on the management of madhouses, illustrated by occurrences in the West Riding and Middlesex Asylums.
- ELLIS, SIR W. C.**—A treatise on the nature, symptoms, causes and treatment of insanity, with practical observations on lunatic asylums, and a description of the Pauper Lunatic Asylum for the county of Middlesex at Hanwell, with a detailed account of its management.
- MAYO, T.**—Elements of the pathology of the human mind. 12mo.
- MOSELEY, W. W.**—Eleven chapters on nervous or mental complaints, and on two great discoveries, by which hundreds have been, and all may be cured with as much certainty as water quenches thirst, or bark cures ague.
- STOCK.**—A practical treatise on the law of non compos mentis, or persons of unsound minds.
- WALKER, A.**—Intermarriage. (2nd ed. 1841.)
- 1839. ANON.**—Documents and dates of modern discoveries in the nervous system.
- BURGESS, THOMAS H.**—The physiology or mechanism of blushing: illustrative of the influence of mental emotion on the capillary circulation, with a general view of the sympathies, and the organic relations of those structures with which they seem to be connected.
- COOKE, W.**—Mind and emotions in relation to health and disease.
- EARLE, PLINY.**—A visit to thirteen asylums for the insane in Europe; to which are added a brief notice of similar institutions in transatlantic countries; and an essay on the causes, duration, termination and moral treatment of insanity, with copious statistics. (Also Phil. 1845.)
- HILL, R. G.**—On the management of lunatic asylums, and the total abolition of personal restraint, with statistical tables.
- HOLLAND, SIR H.**—Medical notes and reflections.
- MILLINGEN, J. G.**—Aphorisms on the treatment and management of the insane, with considerations on public and private lunatic asylums, pointing out the errors in the present system. 12mo. (2nd ed. 1842.)
- PERCY, JOHN.**—An experimental enquiry concerning the presence of alcohol in the ventricles of the brain. Nottingham.
- RAY, I.**—A treatise on the medical jurisprudence of insanity.
- 1840. BLAKE, A.**—A practical essay on delirium tremens. 2nd edit. revised.
- LAYCOCK, T.**—Treatise on the nervous diseases of women; comprising an enquiry into the nature, causes and treatment of spinal and hysterical disorders.
- MORISON, SIR A.**—The physiognomy of mental diseases.
- PAGAN, J. M.**—The medical jurisprudence of insanity.
- PERCEVAL, J.**—A narrative of the treatment experienced by a gentleman during a state of mental derangement, designed to explain the causes and nature of insanity.
- REVIEW.**—Organisation and management of lunatic asylums. (B. and F. Med. Chir. Rev.)
- WINSLOW, F.**—The anatomy of suicide.

- Rotch, Esqre. On the plan and government of the additional lunatic asylum for the county of Middlesex, about to be erected at Colney Hatch. P.
- FEUCHTERSLEBEN, BARON E. VON.—Principles of Medical Psychology. (Trans.).
- LABATT, S. B.—An essay on the use and abuse of restraint in the management of the insane, with copious notes. P. Dublin.
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- TUKE, D. HACK.—A manual of psychological medicine, containing the lunacy laws, the nosology, statistics, description, diagnosis, pathology and treatment of insanity. With an appendix of cases. (With Dr. Bucknill.) 4th ed.
- TUKE, D. HACK.—Historical sketch of the medico-psychological association. Introductory to Dr. Blandford's index to Journ. of Ment. Science.
- WOOD, W.—Insanity and the lunacy law. P.
- 1880.** BALFOUR, W. G.—Remarks on private lunatic asylums, a reply to Dr. Bucknill. (B. M. J.)
- BASTIAN, H. C.—The brain as an organ of mind. Ill.
- BEARD, G. M.—Nervous exhaustion. New York.
- BRYCE, P.—The mind, and how to preserve it. N. P. P.
- BUCKNILL, J. C.—On the care of the insane and their legal control.
- CAMPBELL, J. A.—Insanity, its treatment and prevention. (The presidential address of the Border Counties Branch of the Brit. Med. Assoc.) P.
- CLOUSTON, T. S.—Puberty and adolescence medico-psychologically considered. (E. M. J.)
- CROTHERS, J. D.—Clinical studies of inebriety. (Med. and Surg. Reporter.) Phil., U.S.A.
- HEIDENHAIN, R.—Animal magnetism. Physiological observations. (Trans. by Dr. Wooldridge.)
- JACKSON, J. HUGHLINGS.—Optic neuritis. (Ophth. Soc. Trans.)
- KIRKBRIDE, T.—On the construction, organisation, and general arrangements of hospitals for the insane, with some remarks on insanity and its treatment. 2nd ed. Ill. Phil., U.S.A.
- MAUDSLEY, H.—Responsibility in mental disease. 4th ed.
- SPENCER, HERBERT.—Works—specially the principles of psychology.
- SUTHERLAND, H.—Alcoholism in private practice. (B. M. J.)
- TUKE, D. HACK.—The Cagots. (Journ. of the Anthropological Institute.)

- TUKE, HARRINGTON. — Address on the lunacy laws. (Med. Soc. of Lond.) (L.)
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- ZIEMSEN, H. V. — Cyclopædia of practical medicine. (Trans.) (Contains diseases of the nervous system.) 17 vols.
1881. BEACH, FLETCHER — The morphological and histological aspects of microcephalic and cretinoid idiocy. (Int. Med. Cong. Lond.)
- BENEDIKT, M. — Anatomical studies upon brains of criminals. (Trans.) New York.
- BUCKNILL, J. C. — The late Lord Chief Justice of England (Cockburn) *re* lunacy. P.
- CAMPBELL, J. A. — Note on the absence of beer in an asylum dietary. P.
- CLOUSTON, T. S. — The teaching of psychiatric medicine. (Int. Med. Cong. Lond.)
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- FRASER, W. — On the recent increase in pauper lunacy. P. Edin.
- GUY, W. A. — The factors of the unsound mind, with special reference to the plea of insanity in criminal cases, and the amendment of the law.
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- MICKLE, W. J. — General paralysis of the insane, correlative to locomotor ataxia. (L.)
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- ROBERTSON, A. — On unilateral hallucinations and their relation to cerebral localisation. (Trans. Int. Med. Cong. Lond.)
- SAVAGE, G. H. — Exophthalmic goitre and mental disorder. (Guy's Hosp. Rep.)
- SHEPPARD, S. — Lunacy law reform. (L.)
- SHUTTLEWORTH, G. E. — Some of the cranial characteristics of idiocy. (Trans. Int. Med. Cong. Lond.)
- SULLY, J. — Illusions: A psychological study.
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- TUKE, D. HACK. — Mental stupor. (Trans. Int. Med. Cong. London.)
- TUKE, J. BATTY. — On insanity and hysteria. (Encyclopædia Britannica.)
- WARD, H. O. — The first requisites in the physician and nurse for the cure of insanity. P. Phil., U.S.A.
- WEATHERLY, L. A. — The domestic treatment of the insane. (Pract.)
- WILBUR, H. B. — Chemical restraint in the management of the insane. New York.
- WINSLOW, F. L. S. — Fasting and feeding psychologically considered. L.
- YELLOWLEES, D. — On disorders of the mind. (Glasgow Health Lectures.)
1882. ALTHAUS, J. — On failure of brain power.
- ANDREWS, J. B. — Insanity (Wood's Domestic Medicine, vol. ii.).
- ANON. — Only a twelvemonth, or the county asylum. Belfast.
- BATEMAN. — The idiot, his place in creation, and his claims on society.
- BEACH, FLETCHER. — Types of imbecility. (M. T. and G.)
- BLANDFORD, G. F. — Art. "Insanity" (Quain's Dictionary of Medicine).
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- CLOUSTON, T. S. — Female education from a medical point of view. Edin.
- COBBOLD, C. S. W. — Art. "Hæmatoma auris" (Quain's Dictionary of Medicine).
- DRAPER, J. — The responsibility of the insane in asylums. P. American.
- HAMILTON, A. M. — Idiocy and nervous diseases of adult life. (Wood's Domestic Medicine, vol. ii.)
- LEWIS, W. BEVAN. — The human brain: histological and coarse methods of research. A manual for students and asylum medical officers. Ill.
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- RIBOT, T. — Diseases of memory. (Trans.)
- SAVAGE, G. H. — Exophthalmic goitre with mental disorder. (Guy's Hosp. Rep.)
- SAVAGE, G. H. — Hypochondriasis and hypochondriacal insanity. (Guy's Hosp. Rep.)
- SIBBALD, J. — Art. "Insanity" (Quain's Dictionary of Medicine).
- STEARNS, H. P. — Insanity: its causes and prevention. New York.
- TUKE, J. BATTY. — Art. "Morbid Histology" (Quain's Dictionary of Medicine). (With Dr. Saundby.)
- TUKE, J. BATTY. — Notes on the anatomy of the pia mater. (E. M. J.)

- 1885.** CAMPBELL, J. A.—Treatment of moriacal excitement. P.
 CAMPBELL, C. McIVOR.—Handbook for the instruction of attendants on the insane. With Drs. Clark, Turnbull and Urquhart.
 CLARK, A. CAMPBELL.—Handbook for the instruction of attendants on the insane. With Drs. Campbell, Turnbull and Urquhart.
 CLOUSTON, T. S.—The position of the medical profession in England in regard to certificates of mental unsoundness and civil incapacity. (E. M. J.)
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 GARDNER, W. T.—Insanity: modern views as to its nature and treatment. (Morisonian Lectures, 1879.) P. Glasg.
 GOWERS, W. R.—Lectures on the diagnosis of diseases of the brain.
 IRELAND, W. W.—The blot upon the brain. Ill. Edin.
 MEYNERT, T.—Psychiatry, a clinical treatise on diseases of the fore-brain. (Trans.) New York.
 MICKLE, W. J.—Feeding by rectum in insanity. (Pract.)
 MITCHELL, S. WEIR.—Diseases of the nervous system. 2nd ed.
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 TITCOMBE, SARAH E.—Mind cure on a material basis. Boston, U.S.A.
 TUKE, D. HACK.—The insane in the United States and Canada.
 TURNBULL, A. R.—Handbook for the instruction of attendants on the insane. (With Drs. Clark, Campbell and Urquhart.)
 URQUHART, A. R.—Handbook for the instruction of attendants on the insane. (With Drs. Clark, Campbell and Turnbull.)
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- 1886.** CLOUSTON, T. S.—The relationship of bodily and mental pain. (B. M. J.)
 CREIGHTON, C.—Unconscious memory in disease.
 EAST, E.—The private treatment of the insane as single patients. P.
 FOLSOM, C. F.—Mental diseases. (American system of medicine.) Boston, U.S.A.
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 MACLEOD, M.D.—On puerperal insanity. (B. M. J.)
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- 1887.** BEACH, FLETCHER.—Idiocy and imbecility due to inherited syphilis. (Trans. Washington Int. Med. Cong.)
 BEACH, FLETCHER.—Lecture on the influence of hereditary predisposition on the production of imbecility. (B. M. J.)
 BLANDFORD, G. F.—Address on the treatment of insane patients. (Trans. Washington Internat. Med. Cong.)
 BLYTH, A. WYSTER.—On poisons. L.
 BUTLER, V. S.—The curability of insanity and the individualized treatment of the insane. 12mo. New York.
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 EVEREST, L. F.—The defence of insanity in criminal cases. P.
 GRANGER, W. D.—How to care for the insane. New York.
 HAWKINS, REV. H.—An address to asylum attendants—off duty and invalided. 16mo. Lond.
 HAWKINS, REV. H.—Made whole. An address on leaving an asylum.
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 SAVAGE, G. H.—Insanity following the use of anæsthetics. (B. M. J.)
 SAVAGE, G. H.—Mental symptoms with locomotor ataxia. (B. M. J.)
 SHAFTESBURY, EARL OF.—The life and work of the seventh Earl of Shaftesbury, by E. Hodder. 3 vols.
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 SUCKLING, C. W.—Diagnosis of diseases of the brain, spinal cord and nerves.
 SUCKLING, C. W.—The brain and its troubles: hints to brain workers. P. Birmingham.

- TUCKER, G. A.—Lunacy in many lands. Ill. Sydney.
- TUKE, D. HACK.—On the various modes of providing for the insane and idiots in the United States and Great Britain; and on the *rapprochement* between American and British alienists in regard to the employment of mechanical restraint. (Trans. Ninth Internat. Medical Congress, held at Washington.)
- WARNER, F.—The children: how to study them. (Lectures.)
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- WOOD, H. C.—Nervous diseases and their diagnosis; a treatise upon the phenomena produced by diseases of the nervous system with special reference to the recognition of their causes. Phil. U.S.A.
- ZIEGLER, S.—A textbook of pathological anatomy and pathogenesis. 3 vols. (Trans. by D. McAlister.) 2nd ed.
- 1888.** BRAMWELL, BYROM.—Intra-cranial tumours. Ill. Edin.
- BROWNE, SIR JAMES CRICHTON.—Responsibility and disease. (Lect. Coll. of State Med.)
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- KINKEAD, R. J.—Insanity, inebriety and crime. P. Dublin.
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- RANNEY, A. L.—On nervous diseases. Phil., U.S.A.
- REPORT of a committee of the Clinical Society of London on myxœdema. (Clin. Soc. Trans.)
- SAVAGE, G. H.—Homicidal mania. (Fortnightly Review.)
- SAVAGE, G. H.—Syphilis and its relation to insanity. (Trans. Int. Med. Cong.)
- TUKE, D. HACK.—Folie à deux. (Brain.)
- TUKE, D. HACK.—Hallucinations and the subjective sensations of the sane. (Brain.)
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- 1889.** ALEXANDER, W.—The treatment of epilepsy. Edin.
- ANDERSON, T. MCCALL.—On syphilitic affections of the nervous system: their diagnosis and treatment.
- ARMSTRONG, W.—Lunacy legislation in the Australian colonies. Melbourne.
- BANCROFT, J. P.—Separate provision for the recent, the curable, and the appreciative insane. (Rep.) Concord, U.S.A.
- BROWNE, SIR JAMES CRICHTON.—The hygienic uses of imagination. (Address in psychology—Leeds meeting of British Medical Association.) (B. M. J.)
- BULLEN, F. ST. JOHN.—A review of methods for the exact registration of coarse changes in the brains of the insane.
- CHAPIN, JOHN.—Address on the history of American asylums.
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- GAIRDNER, W. T.—The physician as naturalist. Glasgow.
- GREENE, R.—Care and cure of the insane. (Universal Review.)
- GREENE, R.—Hygiene of asylums for the insane. (Trans. Hastings Sanit. Cong.)
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- LETCHWORTH, W. P.—The insane in foreign countries. Ill.
- LEWIS, W. BEVAN.—A textbook of mental diseases, with special reference to the pathological aspects of insanity. Ill.
- SAVAGE, G. H.—Pathology of chronic alcoholism. (Trans. Path. Soc.)
- SAVAGE, G. H.—Handwriting in insanity. (Ill. Med. News.)
- SAVAGE, G. H.—Septic puerperal insanity. (Med. Soc. Trans.)
- SPITZKA, E. C.—Insanity, its classification, diagnosis and treatment. New York.
- STEWART, JAMES.—Treatment of inebriety in the higher and educated classes. P.
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- TUKE, J. BATTY.—Lunatics as patients, not prisoners. (Nineteenth Century.)
- TUKE, D. HACK.—The past and present provision for the insane poor in Yorkshire, with suggestions for the future provision for this class.
- 1890.** ANON.—Mad doctors; by one of them. P.
- BARNES.—On the correlations of the

- sexual functions and mental disorders of women. (Brit. Gynæcological Soc.)
- BEARD, G. M.—Nervous exhaustion (neurasthenia), its symptoms, nature, sequences and treatment. (Ed. by Dr. Rockwell.)
- BRISTOWE, J. S.—Art. on Insanity; Treatise on the theory and practice of medicine. (1st ed. 1876.) (7th ed.)
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- FRY, D. P.—The lunacy laws: containing the statutes relating to private lunatics, pauper lunatics, criminal lunatics, commissioners of lunacy, public and private asylums, and the commissioners in lunacy; with an introductory commentary, notes to the statutes, &c. (Ed. by G. F. Chambers.) 3rd ed. (See also 1864.)
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- REPORT of committee of the Medico-psychological Association, to formulate propositions as to the care and treatment of the insane.
- REPORT, Charity Organisation Society, on the feeble-minded, epileptic, deformed and crippled.
- ROBERTSON, A.—On insanity. (In Finlayson's Clinical Manual.) 3rd ed. Glasg.
- SAVAGE, G. H.—Insanity and allied neuroses, practical and clinical. 3rd ed. Ill.
- SAVAGE, G. H.—The warnings of general paralysis of the insane. (B. M. J.)

- SAVAGE, G. H.—Post-graduate lectures. (M. P. & G.)
- SAVAGE, G. H.—Glycosuria, diabetes and insanity. (Med. Soc. Trans.)
- STRAHAN, S. A. K. — Consanguineous marriages. (Westminster Rev.)
- STRAHAN, S. A. K.—Instinctive Criminality: its true character and rational treatment. P.
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- WEATHERLY, L. A. — The supernatural. (With Mr. Maskelyne).
- WEISMAN, A.—Essays on heredity and kindred biological problems. Vol. I. 2nd ed. (Trans.)
- 1892.** BLANDFORD, G. F.—Insanity and its treatment, lectures on the treatment, medical and legal, of insane patients. 4th ed. (See 1871.) Lond. and Edin.
- CAMPBELL, J. A.—On pneumonia in asylums. (L.)
- CAMPBELL, J. A.—A case of tumour of the brain, the result of an apoplexy. (With Dr. J. Coats.)
- CLOUSTON, T. S. — Clinical lectures on mental diseases. (1st ed. 1883.) Ill. 3rd ed.
- ELKINS, F. A.—Concerning the kinsmen and friends of insane patients. P. Edin.
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- TUKE, J. BATTY.—The surgical treatment of intra-cranial pressure. (B. M. J.)
- TUKE, D. HACK.—Dictionary of Psychological Medicine. Ill. 2 vols.
- TUKE, D. HACK.—Retrospective glance at the early history of the Retreat, York; its objects and influence. Ill.
- WALMSLEY, F. H.—Outlines of insanity.

A. R. URQUHART.

PSYCHOLOGICAL SOCIETIES.

Societies for the Study of Psychological Medicine have been established in various countries. Some of them publish journals, a list of which will be found in the Bibliography incorporated with this work. The following societies are all interested in psychiatry, more or less directly:—

England.—Medico-Psychological Association of Great Britain and Ireland. (*See Article.*) It may be added to the article that nearly 200 now hold the certificate of proficiency in psychological medicine. The examination of attendants has been only lately opened to those engaged in nursing the insane, yet there are nearly 300 who have been trained, and who have successfully passed the examinations. The Report of a Committee, adopted at the annual meeting of 1891, formulates propositions as to the care and treatment of the insane, and sets forth the current opinion of the members at the present time.—The Neurological Society of London, founded in 1886. This Society now numbers about 150 members; the meetings are held in London. The organ of the Society is "Brain, a Journal of Neurology."—The Psychological Research Society. (*See Article.*)

France.—Société Médico-Psychologique de Paris. Founded in 1852, and named a Society of public utility by a decree of December 11, 1867. This Association gives four prizes for the best work in psychiatry.—Société de Psychologie physiologique: founded in 1885; meets monthly in Paris.—Société de Hypnotisme.—Société Médico-légale de France.

Belgium.—Société de Médecine mentale de Belgique; founded in 1869; meetings held four times a year.

Holland.—Nederlandsche Vereeniging voor Psychiatrie; founded in 1871; two meetings are held annually.

Germany.—Gesellschaft für Psychiatrie und Nervenkrankheiten. This Society meets eight times a year in Berlin, and numbers about 180 members.—Psychiatrie Verein; meetings in Berlin three times yearly, with 130 members.—Verein deutscher Irrenärzte; one meeting annually, with about 360 members.—Psychiatrischer Verein der Rheinprovinz; about 60 members; two meetings annually in Bonn.—Östdeutscher irrenärztlicher Verein; about 50 members; two meetings annually in Breslau.—Verein südwestdeutscher Neurologen und Irrenärzte; one annual meeting in Baden-Baden, with about 60 members.—Verein der Irrenärzte Niedersachsens und Westphalens; one yearly meeting in Hanover.

Austria.—Wiener Verein für Psychiatrie.

Italy.—Società Freniatria Italiana, Milan.

Spain.—Academia Frenopatica.

America.—The Association of Medical Superintendents of American Institutions for the Insane. This association was founded in 1844, and holds meetings annually. A noteworthy utterance of opinion in reference to the treatment of the insane was published by this Society in 1876, under the title of "Propositions and Resolutions."—The Medico-Legal Society of New York, founded in 1883, is supported by the professions of law and medicine, and now numbers many members.—The National Association for the Insane, and the Prevention of Insanity, Philadelphia.—The New England Psychological Association.

A. R. U.

Periodical Literature (continued)—

Annali di Psichiatria (Organ of the Manic-depressive League), T. E. H., Ed. Dr. Lombroso 1844 (Turin); *The Massachusetts Journal of Psychiatry of the Massachusetts Society of New York*, Ed. Clark Ed., quarterly, 1882; New York; *Mind*, a quarterly review of psychology and philosophy, Ed. G. F. Stout, quarterly, 1876 (London); *Neuropsychische Tijdschrift van Geneeskunde en Wetten* (Organ of the Netherlands Association of Manic-depressive), *zur Bevorderung der Genesung*, 1858 (Amsterdam); *Neuropsychische Centralblatt* (Übersicht der Leistungen auf dem Gebiete der Anatomie, Physiologie, Pathologie und Therapie des Nervensystems einschliesslich der Geisteskrankheiten), Ed. Prof. Meinel, monthly, 1882 (Leipzig); *Nouvelle Iconographie de la Salpêtrière*, Director, Prof. Charcot, bi-monthly (Paris); *La Psichiatria la neuropatologia et le scienze affini*, Ed. Dr. Bianchi, quarterly, 1883 (Naples); *Psychiatrische Bladen*, uitgegeven door de Nederlandsche Vereniging voor Psychiatrie, Ed. Dr. Tellegen, J. van Deventer, &c., quarterly, 1883 (Amsterdam); *The Psychological Journal*, Ed. E. Mead, bi-monthly, 1753 only (Cincinnati); *The Psychological and Medico-legal Journal*, Ed.

Periodical Literature (continued)—

W. A. Hammer, 2 times yearly, 1874-6; also as *The Quarterly Journal of Psychological Medicine and Medical Jurisprudence*, 1867-9 (New York); *Rivista triquetra Barcellona*, Ed. J. G. y Paragis, monthly, 1891 (Barcelona); *Rivista Sperimentale di Freniatria e di Medicina Legale in relazione con l'antropologia e le Scienze Giuridiche e Sociali*, Ed. Prof. Ang. Lombroso and others, monthly, 1875 (Reggio Emilia); *Rivista Sperimentale di Freniatria e di medicina legale in relazione con l'antropologia*, Ed. Dr. Livi and others, monthly, 1875 (Reggio Emilia); *Vestnik Sibirskoi Meditsini i abchestvennoi gieny*, quarterly, 1882 (St. Petersburg); *Viertejahrsschrift für Psychiatrie in ihren Beziehungen zur Morphologie, Pathologie des Central-nervensystems, &c.*, Ed. Drs. Leidesdorf and Meynert, 1867-9 (Leipzig); *West Riding Asylum Medical Reports*, Ed. by Sir J. Crichton Browne, yearly, 1871-6 (London); *Zeitschrift für die Anthropologie* formerly *Z. für psychische Aerzte*, Ed. Dr. Nasse, 1816-26; *Zeitschrift für Psychologie und Physiologie der Sinnesorgane*, Eds. Ebbinghaus and König, bi-monthly (Hamburg).

A. R. U.

TABLE OF LEGAL ABBREVIATIONS.

Abr. Eq. Cas.	Abridgement, Equity Cases.	Hob.	Hobart's Reports.
Add.	Addams' Reports.	How. St. Tr.	Howell's State Trials.
A. & E.	Adolphus and Ellis' Reports.	H. & N.	Hurlstone and Norman.
App. Cas.	Appeal Cases.	Irvine	Irvine's Reports.
Atk.	Atkins' Reports.	Jacob	Jacob's Reports.
Bac. Abr.	Bacon's Abridgement.	J. & Lat.	Jones and Latouch's Reports.
B. & Ad.	Barnewall and Adolphus.	K. & J.	Kay and Johnson.
B. & C.	Barnewall and Cresswell.	Kel.	Kelynge's Reports.
Beav.	Beavan's Reports.	L. J., N. S., Ch.	Law Journal, New Series (Chancery).
Bing. N. C.	Bingham's New Cases.	L. J., N. S., C. P.	Do. (Common Pleas).
Bligh, N. S.	Bligh, New Series.	L. J., N. S., Ex.	Do. (Exchequer).
B. & B.	Broderip and Bingham.	L. J., N. S., P. M. & A.	Do. (Probate, Matrimonial, and Admiralty).
Buller, N. P.	Buller's Nisi Prius.	L. J., N. S., Q. B.	Do. (Queen's Bench).
Camp.	Campbell's Reports.	L. R., Ch. D.	Law Reports (Chancery Division).
C. & K.	Carrington and Kirwan.	L. R., Eq.	Do. (Equity Cases).
C. & P.	Carrington and Payne.	L. R., Ex.	Do. (Exchequer Cases).
Ch. Cas.	Cases in Chancery.	L. R., Ir.	Do. (Ireland).
Cas. (temp. Lec)	Cases temp. Lee.	L. R., P. & D.	Do. (Probate and Divorce).
Cl. & F.	Clark and Finnelly.	L. R., P. & M.	Do. (Probate Division).
Co. Litt.	Coke on Littleton.	L. R., P. D.	Do. (Probate Division).
C. B.	Common Bench.	L. R., Q. B.	Do. (Queen's Bench Cases).
Com. Dig.	Comyn's Digest.	L. R., Q. B. D.	Do. (Queen's Bench Division).
Cox, C. C.	Cox's Criminal Cases.	L. R., Sc. & Div.	Do. (Scotch and Divorce).
Cro. Eliz.	Croke temp. Elizabeth.	L. T.	Law Times (Reports).
C. M. & R.	Crompton, Meeson, and Roscoe.	Leach	Leach's Reports.
Curt. E. R.	Curties' Ecclesiastical Reports.	Lew.	Lewin's Crown Cases.
Deane	Deane's Reports.	Mac. & G.	McNaghten and Gordon's Reports.
De Gex	De Gex's Reports in Bankruptcy.	Macph.	Macpherson's Reports (Scotch).
D. M. & G.	DeGex, McNaghten, and Gordon.	M. & G.	Manning and Granger's Reports.
Denio	Denio's Reports (U.S.).	Mass.	Massachusetts Reports (U.S.).
Den. C. C.	Denison's Crown Cases.	M. & W.	Meeson and Welsby.
Dow	Dow's Reports.	Mod.	Modern Reports.
Dowl. Rep.	Dowling's Reports.	Moo. P. C.	Moore's Privy Council.
D. & R.	Dowling and Ryland.	M. & Rob.	Moody and Robinson.
D.	Dunlop's Reports.	Moor.	Moore's Reports.
East	East's Reports.	Myl. & Cr.	Mylne and Craig.
Ex.	Exchequer Reports.	M. & K.	Mylne and Keen.
F. C.	Faculty Cases (Scotch).	N. Y.	New York Reports (U.S.).
Fonbl.	Fonblanque's Equity.	Phill., E. R.	Phillimore's Ecclesiastical Reports.
F. & F.	Foster and Finlason's Reports.	Plowden	Plowden's Reports.
Gray	Gray's Reports (U.S.).	P. (1892)	Probate Reports, 1892.
Hagg. C. R.	Haggard's Consistorial Reports.	R.	Rettie's Reports (Scotch).
Hagg. E. R.	Do. Ecclesiastical Reports.		
Hale, P. C.	Sir Matthew Hale's Pleas of the Crown.		
Hawk. P. C.	Hawkins' Pleas of the Crown.		

Rep.	.	.	Coke's Reports.	Times L. R.	.	Times Law Reports.
Ridg.. P. C.	.	.	Ridgway's Pleas of the Crown.	Ventr.	.	Ventris's Reports.
Rob.. E. R.	.	.	Robertson's Ecclesiastical Reports.	Verm.	.	Vermont Reports U.S.
Robert.	.	.	Robertson's Reports.	Ves.	.	Vesey's Reports.
Russ.	.	.	Russell's Reports.	V. & B.	.	Vesey and Brames.
Salk.	.	.	Salkeld's Reports.	Ves. Jun.	.	Reports of Vesey, Junior.
Sav.	.	.	Saville's Reports.	W. N.	.	Weekly Notes.
S.	.	.	Shaw's Reports (Scotch).	W. R.	.	Weekly Reporter.
Sid.	.	.	Siderfin's Reports.	Wendell	.	Wendell's Reports U.S.
Sim.	.	.	Simons' Reports.	W. & S.	.	Wilson and Shaw's Reports Scotch.
Str.	.	.	Strange's Reports.	Y. & Coll.	.	Younge and Collyers Reports.
S. & T.	.	.	Swabey and Tristram.			

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